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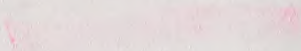


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Appendix II

Chapter 2.0 Appendices

Data Collection and Analysis for Generating Procedure-Specific Practice Expense Estimates (HCFA Contract No. 500-95-0009)

April 30, 1997

Prepared for
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I.A: Grouping of Services

CPEP and Family

List of Services by Family and CPEP

November 7, 1995

Data Collection and Analysis for Generating Procedure-Specific Practice Expense Estimates
Abt Associates Inc.

DATA ELEMENTS

Family Medicare Charges
The total 1993 Part B Medicare Allowed Charges for all the procedures in the family.

Percent of CPEP Medicare Charges
The family's 1993 Part B Medicare allowed charges as a percent of the total allowed charges for the CPEP.

Family Private Payments
The total 1991 MEDSTAT private payments for all the procedures in the family.

Percent of CPEP Private Payments
The family's 1991 MEDSTAT private payments as a percent of the total MEDSTAT private payments for the CPEP.

Procedure
The CPT/HCPCS code and description for the procedure.

1993 MC Allowed Charges
The total 1993 Part B Medicare Allowed Charges for the procedure.

1993 MC Units of Service
The total 1993 Part B Medicare volume for the procedure.

Global Period
The 1995 Medicare Fee Schedule Global Period for the procedure, in days. Values of MMM, XXX, YYY and ZZZ indicate that there is no global period, or that the concept of a global period does not apply to the procedure.

SOURCES FOR DATA ELEMENTS

All Medicare volume and charge data is derived from the 1993 BMAD-1 (Part B Medicare Annual Data, Procedure File) public use file released by HCFA. At this time, 1993 is the most recent BMAD-1 file available. Data for 1994 will become available by the end of CY 1995.

CPT/HCPCS codes were selected from the 1995 Medicare Fee Schedule published by HCFA (*Federal Register* Vol. 59, No. 235, electronic version).

Global Period values are taken from the 1995 Medicare Fee Schedule published by HCFA (*Federal Register* Vol. 59, No. 235).

Private Payment data were provided by the American Medical Association, and represent approximately 39 million private in- and out-patient claims processed by MEDSTAT in 1991. The claims are from 100 different insurance companies, BC/BS plans, and third party administrators, covering approximately 3.3 million lives. *These data are not comprehensive, as they do not represent all private payments. These data are for Abi and CPEP use only and are not for quotation without the expressed written permission of the American Medical Association, Center for Health Policy Research.*

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CPEP 1 - INTEGUMENTARY

Top Medicare Specialties (% of Procedure Volume)

Pct. of Family Allldhgs Privpmts Vol. in OFFICE

1993 MC Allowed Charges 1993 MC Units of Service Global Period

Pct. of Family Allldhgs

Percent of CPEP Medicare Charges: 15%
Percent of CPEP Private Payments: 7%

Procedure

First Specialty Second Specialty Third Specialty

C 1 100-Nail Procedures

Family Medicare Charges:\$264,254,761
Family Private Payments: \$3,616,768

11700-Scraping of 1-5 nails	\$65,924,597	3,102,431	000	25%	3%	59%	48-PODIATRY (99%)	01,08-GP/FP (0%)	70-GROUP PRAC (0%)
11701-Scraping of additional nails	\$43,662,844	2,764,570	ZZZ	17%	1%	59%	48-PODIATRY (99%)	01,08-GP/FP (0%)	70-GROUP PRAC (0%)
11710-Scraping of 1-5 nails	\$34,463,716	1,643,352	000	13%	2%	66%	48-PODIATRY (99%)	70-GROUP PRAC (0%)	01,08-GP/FP (0%)
11711-Scraping of additional nails	\$20,079,431	1,445,673	ZZZ	8%	1%	66%	48-PODIATRY (99%)	70-GROUP PRAC (0%)	01,08-GP/FP (0%)
11730-Removal of nail plate	\$54,954,253	1,301,593	000	21%	12%	74%	48-PODIATRY (97%)	01,08-GP/FP (1%)	02-GNRL SURGERY (0%)
11731-Removal of second nail plate	\$7,572,447	245,083	ZZZ	3%	1%	69%	48-PODIATRY (99%)	01,08-GP/FP (0%)	02-GNRL SURGERY (0%)
11732-Remove additional nail plate	\$4,10,794	21,808	ZZZ	0%	0%	72%	48-PODIATRY (94%)	20-ORTHOPE SURG (2%)	07-DERMATOLOGY (1%)
11750-Removal of nail bed	\$33,637,732	276,661	010	13%	7%	90%	48-PODIATRY (85%)	01,08-GP/FP (6%)	02-GNRL SURGERY (3%)
11752-Remove nail bed/finger tip	\$876,480	5,244	010	0%	1%	63%	48-PODIATRY (65%)	20-ORTHOPE SURG (18%)	02-GNRL SURGERY (7%)
11755-Biopsy, nail unit			000				(.)	(.)	(.)
11760-Reconstruction of nail bed	\$520,465	7,200	010	0%	2%	59%	48-PODIATRY (62%)	20-ORTHOPE SURG (10%)	24-PLASTIC SURG (10%)
11762-Reconstruction of nail bed	\$329,474	2,047	010	0%	1%	74%	48-PODIATRY (76%)	24-PLASTIC SURG (7%)	20-ORTHOPE SURG (6%)
11765-Excision of nail fold, toe	\$1,822,528	46,922	010	1%	1%	74%	48-PODIATRY (91%)	01,08-GP/FP (5%)	11-INTERNAL MED (1%)

104-Simple Debridement, Excision and Destruction

Family Medicare Charges:\$395,012,003
Family Private Payments: \$9,220,826

Percent of CPEP Medicare Charges: 23%
Percent of CPEP Private Payments: 18%

11000-Surgical cleansing of skin	\$21,071,874	558,042	000	5%	3%	82%	48-PODIATRY (84%)	02-GNRL SURGERY (5%)	07-DERMATOLOGY (3%)
11001-Additional cleansing of skin	\$374,626	9,569	ZZZ	0%	0%	75%	48-PODIATRY (60%)	02-GNRL SURGERY (19%)	11-INTERNAL MED (6%)
11040-Surgical cleansing, abrasion	\$18,643,913	603,131	000	5%	2%	78%	48-PODIATRY (86%)	02-GNRL SURGERY (4%)	01,08-GP/FP (3%)
11041-Surgical cleansing of skin	\$10,534,872	191,151	000	3%	1%	72%	48-PODIATRY (76%)	02-GNRL SURGERY (10%)	01,08-GP/FP (3%)
11042-Cleansing of skin/tissue	\$16,807,422	221,654	000	2%	2%	52%	48-PODIATRY (45%)	02-GNRL SURGERY (26%)	24-PLASTIC SURG (7%)
11050-Trim skin lesion	\$8,610,894	346,872	000	4%	2%	84%	48-PODIATRY (87%)	01,08-GP/FP (5%)	07-DERMATOLOGY (3%)
11051-Trim 2 to 4 skin lesions	\$10,388,814	281,470	000	3%	1%	86%	48-PODIATRY (94%)	01,08-GP/FP (2%)	07-DERMATOLOGY (2%)
11052-Trim over 4 skin lesions	\$2,639,623	66,962	000	1%	1%	90%	48-PODIATRY (88%)	07-DERMATOLOGY (4%)	01,08-GP/FP (4%)
11200-Removal of skin tags	\$3,795,612	98,632	010	1%	4%	96%	07-DERMATOLOGY (58%)	01,08-GP/FP (20%)	11-INTERNAL MED (7%)
11201-Removal of added skin tags	\$219,594	14,943	ZZZ	0%	0%	95%	07-DERMATOLOGY (66%)	01,08-GP/FP (15%)	02-GNRL SURGERY (6%)
11900-Injection into skin lesions	\$2,193,918	106,961	000	1%	5%	97%	07-DERMATOLOGY (83%)	48-PODIATRY (5%)	01,08-GP/FP (3%)
11901-Added skin lesion injections	\$1,926,205	53,973	000	0%	4%	99%	07-DERMATOLOGY (96%)	01,08-GP/FP (2%)	24-PLASTIC SURG (1%)
16000-Initial treatment of burn(s)	\$106,461	3,646	000	0%	0%	55%	01,08-GP/FP (46%)	93-EMERGENCY MED (20%)	11-INTERNAL MED (10%)
16010-Treatment of burn(s)	\$115,200	2,412	000	0%	0%	76%	01,08-GP/FP (39%)	02-GNRL SURGERY (24%)	11-INTERNAL MED (11%)
16015-Treatment of burn(s)	\$190,637	1,382	000	0%	0%	14%	02-GNRL SURGERY (42%)	24-PLASTIC SURG (32%)	01,08-GP/FP (9%)
16020-Treatment of burn(s)	\$733,136	26,138	000	0%	1%	71%	01,08-GP/FP (39%)	02-GNRL SURGERY (14%)	93-EMERGENCY MED (10%)
16025-Treatment of burn(s)	\$428,343	8,338	000	0%	0%	55%	01,08-GP/FP (31%)	02-GNRL SURGERY (24%)	24-PLASTIC SURG (11%)
17000-Destroy benign/premal lesion	\$82,290,114	2,549,872	010	21%	22%	99%	07-DERMATOLOGY (91%)	01,08-GP/FP (4%)	70-GROUP PRAC (1%)
17001-Destruction of add'l lesions	\$43,857,252	3,048,395	ZZZ	11%	5%	99%	07-DERMATOLOGY (94%)	01,08-GP/FP (2%)	70-GROUP PRAC (1%)
17002-Destruction of add'l lesions	\$34,227,735	3,855,118	ZZZ	9%	3%	99%	07-DERMATOLOGY (95%)	01,08-GP/FP (2%)	70-GROUP PRAC (1%)
17010-Destruction of skin lesions	\$691,435	13,770	010	0%	0%	97%	07-DERMATOLOGY (77%)	24-PLASTIC SURG (9%)	01,08-GP/FP (6%)
17100-Destruction of skin lesion	\$18,347,979	730,197	010	5%	23%	98%	07-DERMATOLOGY (70%)	01,08-GP/FP (11%)	48-PODIATRY (9%)
17101-Destruction of 2nd lesion	\$4,759,909	389,861	ZZZ	1%	4%	98%	07-DERMATOLOGY (78%)	01,08-GP/FP (9%)	48-PODIATRY (5%)
17102-Destruction of add'l lesions	\$5,182,241	785,827	ZZZ	1%	3%	99%	07-DERMATOLOGY (80%)	01,08-GP/FP (9%)	02-GNRL SURGERY (3%)
17104-Destruction of skin lesions	\$936,217	42,897	010	0%	0%	97%	07-DERMATOLOGY (82%)	01,08-GP/FP (6%)	02-GNRL SURGERY (5%)
17105-Destruction of skin lesions	\$203,350	5,337	010	0%	1%	86%	07-DERMATOLOGY (56%)	48-PODIATRY (12%)	01,08-GP/FP (9%)
17106-Destruction of skin lesions	\$300,764	2,178	090	0%	1%	80%	07-DERMATOLOGY (66%)	24-PLASTIC SURG (11%)	70-GROUP PRAC (5%)
17107-Destruction of skin lesions	\$156,104	462	090	0%	1%	64%	07-DERMATOLOGY (60%)	24-PLASTIC SURG (21%)	02-GNRL SURGERY (3%)
17108-Destruction of skin lesions	\$134,296	243	090	0%	1%	49%	07-DERMATOLOGY (63%)	24-PLASTIC SURG (24%)	02-GNRL SURGERY (5%)
17110-Destruction of skin lesions	\$2,008,691	70,694	010	1%	6%	97%	07-DERMATOLOGY (46%)	01,08-GP/FP (26%)	48-PODIATRY (14%)

Procedure

1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDChgs	Pct. of Family PrivMts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
\$1,092,892	37,772	010	0%	2%	98%	07-DERMATOLOGY (57%)	01,08-GP/FP (24%)	02-GNRL SURGERY (7%)
\$90,234	7,109	ZZZ	0%	0%	95%	07-DERMATOLOGY (70%)	01,08-GP/FP (14%)	02-GNRL SURGERY (8%)
\$723,506	22,079	000	0%	0%	85%	48-PODIATRY (52%)	02-GNRL SURGERY (16%)	07-DERMATOLOGY (13%)
\$925,414	13,122	010	0%	-	97%	07-DERMATOLOGY (87%)	01,08-GP/FP (5%)	70-GROUP PRAC (3%)
\$4,716,526	50,949	010	1%	-	98%	07-DERMATOLOGY (95%)	70-GROUP PRAC (2%)	01,08-GP/FP (1%)
\$8,087,844	64,416	010	2%	-	99%	07-DERMATOLOGY (96%)	70-GROUP PRAC (1%)	01,08-GP/FP (1%)
\$2,388,597	14,647	010	1%	-	98%	07-DERMATOLOGY (96%)	01,08-GP/FP (1%)	70-GROUP PRAC (1%)
\$538,805	2,823	010	0%	-	97%	07-DERMATOLOGY (94%)	01,08-GP/FP (2%)	02-GNRL SURGERY (1%)
\$258,646	1,058	010	0%	-	89%	07-DERMATOLOGY (83%)	02-GNRL SURGERY (7%)	01,08-GP/FP (4%)
\$689,783	7,769	010	0%	-	97%	07-DERMATOLOGY (86%)	01,08-GP/FP (6%)	02-GNRL SURGERY (3%)
\$3,137,466	26,341	010	1%	-	99%	07-DERMATOLOGY (96%)	01,08-GP/FP (2%)	70-GROUP PRAC (1%)
\$4,087,464	26,186	010	1%	-	99%	07-DERMATOLOGY (97%)	01,08-GP/FP (1%)	70-GROUP PRAC (1%)
\$941,939	4,977	010	0%	-	98%	07-DERMATOLOGY (95%)	01,08-GP/FP (1%)	02-GNRL SURGERY (1%)
\$243,656	1,049	010	0%	-	97%	07-DERMATOLOGY (93%)	01,08-GP/FP (2%)	02-GNRL SURGERY (2%)
\$79,918	301	010	0%	-	86%	07-DERMATOLOGY (75%)	02-GNRL SURGERY (8%)	01,08-GP/FP (4%)
\$5,764,501	52,354	010	1%	-	98%	07-DERMATOLOGY (89%)	01,08-GP/FP (4%)	70-GROUP PRAC (1%)
\$15,583,363	107,909	010	4%	-	98%	07-DERMATOLOGY (96%)	01,08-GP/FP (1%)	70-GROUP PRAC (1%)
\$13,781,359	74,136	010	3%	-	98%	07-DERMATOLOGY (96%)	01,08-GP/FP (1%)	70-GROUP PRAC (1%)
\$2,328,346	10,610	010	1%	-	97%	07-DERMATOLOGY (95%)	01,08-GP/FP (2%)	02-GNRL SURGERY (1%)
\$549,956	2,068	010	0%	-	96%	07-DERMATOLOGY (91%)	01,08-GP/FP (3%)	02-GNRL SURGERY (1%)
\$190,793	586	010	0%	-	88%	07-DERMATOLOGY (72%)	24-PLASTIC SURG (10%)	01,08-GP/FP (8%)
\$36,933,764	1,504,996	XXX	9%	-	54%	48-PODIATRY (99%)	70-GROUP PRAC (0%)	01,08-GP/FP (0%)

108-Simple Excision and Biopsy
 Family Medicare Charges: \$204,038,028
 Family Private Payments: \$1,883,423
 Percent of CPEP Medicare Charges: 12%
 Percent of CPEP Private Payments: 23%

\$41,343,385	992,685	000	20%	15%	97%	07-DERMATOLOGY (87%)	01,08-GP/FP (4%)	24-PLASTIC SURG (2%)
\$7,271,228	313,003	ZZZ	4%	2%	97%	07-DERMATOLOGY (91%)	24-PLASTIC SURG (3%)	01,08-GP/FP (2%)
\$1,592,076	50,252	000	1%	-	95%	07-DERMATOLOGY (73%)	01,08-GP/FP (11%)	24-PLASTIC SURG (6%)
\$4,024,240	88,427	000	2%	-	97%	07-DERMATOLOGY (88%)	24-PLASTIC SURG (4%)	01,08-GP/FP (3%)
\$3,478,759	56,183	000	2%	-	98%	07-DERMATOLOGY (90%)	24-PLASTIC SURG (3%)	01,08-GP/FP (3%)
\$1,285,079	12,761	000	1%	-	98%	07-DERMATOLOGY (87%)	24-PLASTIC SURG (4%)	01,08-GP/FP (3%)
\$1,697,339	44,328	000	1%	-	84%	07-DERMATOLOGY (45%)	48-PODIATRY (42%)	01,08-GP/FP (4%)
\$2,210,839	44,328	000	1%	-	96%	07-DERMATOLOGY (77%)	48-PODIATRY (14%)	01,08-GP/FP (3%)
\$1,343,813	20,609	000	1%	-	97%	07-DERMATOLOGY (85%)	48-PODIATRY (6%)	01,08-GP/FP (3%)
\$501,002	4,953	000	0%	-	93%	07-DERMATOLOGY (72%)	48-PODIATRY (13%)	01,08-GP/FP (6%)
\$3,297,357	73,640	000	2%	-	95%	07-DERMATOLOGY (82%)	24-PLASTIC SURG (6%)	01,08-GP/FP (5%)
\$5,057,936	83,805	000	2%	-	98%	07-DERMATOLOGY (90%)	24-PLASTIC SURG (4%)	01,08-GP/FP (2%)
\$2,800,367	35,576	000	1%	-	97%	07-DERMATOLOGY (91%)	24-PLASTIC SURG (4%)	01,08-GP/FP (2%)
\$667,749	6,002	000	0%	-	93%	07-DERMATOLOGY (82%)	24-PLASTIC SURG (9%)	01,08-GP/FP (3%)
\$3,174,361	85,551	010	2%	7%	90%	07-DERMATOLOGY (35%)	01,08-GP/FP (25%)	02-GNRL SURGERY (17%)
\$6,942,993	135,118	010	3%	10%	88%	07-DERMATOLOGY (42%)	02-GNRL SURGERY (21%)	01,08-GP/FP (20%)
\$9,848,157	143,993	010	5%	10%	83%	07-DERMATOLOGY (36%)	02-GNRL SURGERY (29%)	01,08-GP/FP (18%)
\$2,799,582	68,394	010	1%	4%	87%	48-PODIATRY (31%)	07-DERMATOLOGY (25%)	01,08-GP/FP (17%)
\$4,386,527	77,546	010	2%	6%	87%	07-DERMATOLOGY (37%)	02-GNRL SURGERY (17%)	01,08-GP/FP (15%)
\$4,982,545	68,403	010	2%	6%	82%	07-DERMATOLOGY (34%)	02-GNRL SURGERY (24%)	01,08-GP/FP (15%)
\$6,204,719	128,750	010	3%	7%	88%	07-DERMATOLOGY (36%)	01,08-GP/FP (16%)	18-OPHTHALMOLOGY (14%)
\$8,940,887	136,839	010	4%	7%	86%	07-DERMATOLOGY (44%)	02-GNRL SURGERY (15%)	01,08-GP/FP (12%)
\$7,866,046	95,444	010	4%	6%	82%	07-DERMATOLOGY (43%)	02-GNRL SURGERY (17%)	24-PLASTIC SURG (13%)
\$928,281	12,651	010	0%	1%	88%	07-DERMATOLOGY (47%)	01,08-GP/FP (22%)	02-GNRL SURGERY (14%)
\$4,005,460	40,783	010	2%	2%	91%	07-DERMATOLOGY (61%)	02-GNRL SURGERY (13%)	01,08-GP/FP (13%)

Top Medicare Specialties (% of Procedure Volume)

Pct. of Pct. of Pct. of Pct. of

1993 MC 1993 MC Global Pct. of Pct. of Pct. of

Allowed Units of Service Period AllChgs Family Vol. in

Charges

Procedure

First Specialty

Second Specialty

Third Specialty

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
11602-Removal of skin lesion	\$8,475,375	69,719	010	4%	3%	87%	07-DERMATOLOGY (59%)	02-GNRL SURGERY (17%)	01-08-GP/FP (11%)
11620-Removal of skin lesion	\$703,594	8,295	010	0%	0%	89%	07-DERMATOLOGY (48%)	01-08-GP/FP (20%)	02-GNRL SURGERY (15%)
11621-Removal of skin lesion	\$3,216,130	26,865	010	2%	1%	90%	07-DERMATOLOGY (60%)	02-GNRL SURGERY (13%)	01-08-GP/FP (12%)
11622-Removal of skin lesion	\$5,690,418	37,651	010	3%	1%	85%	07-DERMATOLOGY (57%)	02-GNRL SURGERY (16%)	01-08-GP/FP (11%)
11640-Removal of skin lesion	\$5,783,489	53,464	010	3%	2%	88%	07-DERMATOLOGY (52%)	01-08-GP/FP (15%)	02-GNRL SURGERY (12%)
11641-Removal of skin lesion	\$17,714,804	120,691	010	9%	4%	88%	07-DERMATOLOGY (60%)	02-GNRL SURGERY (11%)	24-PLASTIC SURG (10%)
11642-Removal of skin lesion	\$23,470,105	134,797	010	12%	4%	80%	07-DERMATOLOGY (55%)	24-PLASTIC SURG (13%)	02-GNRL SURGERY (13%)
11770-Removal of pilonidal lesion	\$119,927	742	010	0%	1%	54%	02-GNRL SURGERY (39%)	48-PODIATRY (28%)	01-08-GP/FP (11%)
15860-Test for blood flow in graft	\$7,864	99	000	0%	0%	9%	30-RADIOLOGY (35%)	02-GNRL SURGERY (30%)	24-PLASTIC SURG (20%)
20200-Muscle biopsy	\$129,932	1,606	000	0%	0%	23%	02-GNRL SURGERY (46%)	14-NEUROSURGERY (11%)	05-ANESTHESIA (6%)
20205-Deep muscle biopsy	\$677,879	4,364	000	0%	0%	13%	02-GNRL SURGERY (52%)	13-NEUROLOGY (13%)	14-NEUROSURGERY (8%)
21550-Biopsy of neck/chest	\$249,040	2,973	010	0%	0%	43%	04-OTOLOGY (24%)	02-GNRL SURGERY (22%)	07-DERMATOLOGY (17%)
21555-Remove lesion neck/chest	\$540,950	3,169	090	0%	0%	31%	02-GNRL SURGERY (43%)	04-OTOLOGY (13%)	01-08-GP/FP (9%)
21920-Biopsy soft tissue of back	\$78,813	1,098	010	0%	0%	84%	07-DERMATOLOGY (53%)	01-08-GP/FP (16%)	02-GNRL SURGERY (13%)
23065-Biopsy shoulder tissues	\$46,188	655	010	0%	0%	69%	07-DERMATOLOGY (40%)	02-GNRL SURGERY (12%)	05-ANESTHESIA (9%)
69100-Biopsy of external ear	\$482,793	10,552	000	0%	0%	96%	07-DERMATOLOGY (81%)	04-OTOLOGY (11%)	24-PLASTIC SURG (3%)

112-Complex Excision and Debridement

Family Medicare Charges: \$115,934,196
 Family Private Payments: \$4,238,901

Percent of CPEP Medicare Charges: 7%
 Percent of CPEP Private Payments: 8%

11043-Cleansing of tissue/muscle	\$7,883,572	55,986	010	7%	3%	18%	02-GNRL SURGERY (49%)	24-PLASTIC SURG (17%)	48-PODIATRY (9%)
11044-Cleansing tissue/muscle/bone	\$4,736,363	26,172	010	4%	3%	11%	02-GNRL SURGERY (34%)	20-ORTHOPEID SURG (26%)	24-PLASTIC SURG (17%)
11403-Removal of skin lesion	\$5,476,667	60,162	010	5%	13%	73%	02-GNRL SURGERY (40%)	07-DERMATOLOGY (25%)	01-08-GP/FP (18%)
11404-Removal of skin lesion	\$2,843,780	24,450	010	2%	7%	61%	02-GNRL SURGERY (47%)	07-DERMATOLOGY (17%)	01-08-GP/FP (16%)
11406-Removal of skin lesion	\$4,367,205	27,002	010	4%	10%	36%	02-GNRL SURGERY (58%)	01-08-GP/FP (12%)	24-PLASTIC SURG (7%)
11423-Removal of skin lesion	\$2,520,503	24,943	010	2%	8%	72%	02-GNRL SURGERY (31%)	07-DERMATOLOGY (26%)	01-08-GP/FP (15%)
11426-Removal of skin lesion	\$1,113,972	8,794	010	1%	3%	58%	02-GNRL SURGERY (35%)	07-DERMATOLOGY (18%)	01-08-GP/FP (14%)
11426-Removal of skin lesion	\$1,213,737	7,115	010	1%	3%	36%	02-GNRL SURGERY (44%)	01-08-GP/FP (11%)	24-PLASTIC SURG (9%)
11443-Removal of skin lesion	\$2,714,516	23,575	010	2%	5%	75%	07-DERMATOLOGY (34%)	02-GNRL SURGERY (19%)	24-PLASTIC SURG (15%)
11444-Removal of skin lesion	\$986,308	6,796	010	1%	2%	63%	07-DERMATOLOGY (24%)	02-GNRL SURGERY (20%)	24-PLASTIC SURG (16%)
11446-Removal of skin lesion	\$825,212	4,266	010	1%	2%	49%	02-GNRL SURGERY (19%)	24-PLASTIC SURG (18%)	49-ASC (12%)
11450-Removal, sweat gland lesion	\$119,355	586	090	0%	1%	35%	02-GNRL SURGERY (52%)	01-08-GP/FP (12%)	24-PLASTIC SURG (9%)
11451-Removal, sweat gland lesion	\$23,536	114	090	0%	0%	23%	02-GNRL SURGERY (58%)	24-PLASTIC SURG (15%)	49-ASC (4%)
11462-Removal, sweat gland lesion	\$50,254	271	090	0%	0%	33%	02-GNRL SURGERY (47%)	24-PLASTIC SURG (14%)	07-DERMATOLOGY (11%)
11463-Removal, sweat gland lesion	\$9,356	66	090	0%	0%	27%	02-GNRL SURGERY (41%)	24-PLASTIC SURG (26%)	07-DERMATOLOGY (17%)
11470-Removal, sweat gland lesion	\$63,932	429	090	0%	0%	32%	02-GNRL SURGERY (33%)	01-08-GP/FP (16%)	05-ANESTHESIA (15%)
11471-Removal, sweat gland lesion	\$27,635	132	090	0%	0%	18%	02-GNRL SURGERY (36%)	24-PLASTIC SURG (27%)	28-COLORECTAL (10%)
11603-Removal of skin lesion	\$4,823,852	32,414	010	4%	3%	78%	07-DERMATOLOGY (48%)	02-GNRL SURGERY (24%)	01-08-GP/FP (11%)
11604-Removal of skin lesion	\$2,562,781	14,188	010	2%	2%	65%	07-DERMATOLOGY (38%)	02-GNRL SURGERY (31%)	24-PLASTIC SURG (10%)
11606-Removal of skin lesion	\$3,501,289	14,791	010	3%	3%	40%	02-GNRL SURGERY (45%)	07-DERMATOLOGY (20%)	24-PLASTIC SURG (14%)
11623-Removal of skin lesion	\$2,775,556	15,752	010	2%	1%	74%	07-DERMATOLOGY (45%)	02-GNRL SURGERY (22%)	24-PLASTIC SURG (11%)
11624-Removal of skin lesion	\$1,347,867	6,211	010	1%	1%	58%	07-DERMATOLOGY (33%)	02-GNRL SURGERY (26%)	24-PLASTIC SURG (15%)
11626-Removal of skin lesion	\$1,270,932	5,061	010	1%	1%	37%	02-GNRL SURGERY (30%)	24-PLASTIC SURG (21%)	07-DERMATOLOGY (20%)
11643-Removal of skin lesion	\$8,406,521	43,745	010	7%	3%	69%	07-DERMATOLOGY (46%)	24-PLASTIC SURG (19%)	02-GNRL SURGERY (15%)
11644-Removal of skin lesion	\$3,703,177	14,790	010	3%	1%	54%	07-DERMATOLOGY (33%)	24-PLASTIC SURG (23%)	02-GNRL SURGERY (16%)
11646-Removal of skin lesion	\$2,952,372	9,961	010	3%	1%	39%	24-PLASTIC SURG (29%)	07-DERMATOLOGY (22%)	02-GNRL SURGERY (16%)
11771-Removal of pilonidal lesion	\$160,102	445	090	0%	4%	16%	02-GNRL SURGERY (70%)	01-08-GP/FP (5%)	28-COLORECTAL (4%)
11772-Removal of pilonidal lesion	\$120,810	296	090	0%	3%	11%	02-GNRL SURGERY (72%)	28-COLORECTAL (9%)	24-PLASTIC SURG (3%)
11971-Remove tissue expander(s)	\$50,637	222	090	0%	1%	16%	24-PLASTIC SURG (84%)	02-GNRL SURGERY (5%)	49-ASC (4%)
15850-Removal of sutures	\$21,323	698	XXX	0%	1%	86%	07-DERMATOLOGY (31%)	11-INTERNAL MED (27%)	70-GROUP PRAC (17%)
15851-Removal of sutures	\$88,816	3,381	000	0%	1%	87%	01-08-GP/FP (32%)	18-OPHTHALMOLOGY (12%)	18-OPHTHALMOLOGY (12%)

Procedure

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
15852-Dressing change, not for burn	\$209,643	7,093	000	0%	0%	76%	01,08-GP/FP (28%)	02-GNRL SURGERY (20%)	11-INTERNAL MED (15%)
15920-Removal of tail bone ulcer	\$78,653	264	090	0%	-	6%	02-GNRL SURGERY (72%)	24-PLASTIC SURG (13%)	01,08-GP/FP (5%)
15931-Remove sacrum pressure sore	\$490,485	1,589	090	0%	-	4%	02-GNRL SURGERY (66%)	24-PLASTIC SURG (19%)	20-ORTHOPE SURG (3%)
15933-Remove sacrum pressure sore	\$173,012	289	090	0%	-	1%	02-GNRL SURGERY (53%)	24-PLASTIC SURG (35%)	04-OTOLARYNG (4%)
15940-Removal of pressure sore	\$280,014	823	090	0%	-	7%	02-GNRL SURGERY (47%)	24-PLASTIC SURG (36%)	01,08-GP/FP (3%)
15941-Removal of pressure sore	\$167,607	293	090	0%	-	1%	24-PLASTIC SURG (60%)	02-GNRL SURGERY (28%)	20-ORTHOPE SURG (4%)
15950-Remove thigh pressure sore	\$254,472	855	090	0%	-	3%	02-GNRL SURGERY (64%)	24-PLASTIC SURG (18%)	11-INTERNAL MED (7%)
15951-Remove thigh pressure sore	\$162,095	280	090	0%	-	1%	02-GNRL SURGERY (60%)	24-PLASTIC SURG (25%)	24-PLASTIC SURG (25%)
16030-Treatment of burn(s)	\$290,244	4,315	000	0%	0%	39%	01,08-GP/FP (26%)	02-GNRL SURGERY (26%)	24-PLASTIC SURG (18%)
16035-Incision of burn scab	\$114,161	710	090	0%	-	26%	02-GNRL SURGERY (35%)	70-GROUP PRAC (19%)	01,08-GP/FP (6%)
16040-Burn wound excision	\$14,560	95	000	0%	-	29%	24-PLASTIC SURG (39%)	02-GNRL SURGERY (38%)	01,08-GP/FP (9%)
16041-Burn wound excision	\$43,572	233	000	0%	-	13%	02-GNRL SURGERY (44%)	24-PLASTIC SURG (36%)	01,08-GP/FP (9%)
16042-Burn wound excision	\$18,626	137	000	0%	-	4%	02-GNRL SURGERY (49%)	24-PLASTIC SURG (33%)	70-GROUP PRAC (8%)
17300-Chemosurgery of skin lesion	\$29,176,913	80,993	000	25%	9%	86%	07-DERMATOLOGY (91%)	24-PLASTIC SURG (4%)	70-GROUP PRAC (2%)
17305-2nd stage chemosurgery	\$9,620,768	49,676	000	8%	3%	87%	07-DERMATOLOGY (91%)	24-PLASTIC SURG (4%)	70-GROUP PRAC (2%)
17306-3rd stage chemosurgery	\$3,279,297	18,090	000	3%	1%	88%	07-DERMATOLOGY (92%)	24-PLASTIC SURG (4%)	70-GROUP PRAC (2%)
17307-Followup skin lesion therapy	\$1,742,910	9,982	000	2%	0%	88%	07-DERMATOLOGY (92%)	24-PLASTIC SURG (4%)	70-GROUP PRAC (1%)
17310-Extensive skin chemosurgery	\$1,086,889	30,403	000	1%	1%	83%	07-DERMATOLOGY (83%)	24-PLASTIC SURG (10%)	24-PLASTIC SURG (5%)
21556-Remove lesion neck/chest	\$1,155,120	3,759	090	1%	2%	11%	02-GNRL SURGERY (44%)	04-OTOLARYNG (28%)	24-PLASTIC SURG (6%)
21930-Remove lesion, back or flank	\$815,217	2,948	090	1%	1%	33%	02-GNRL SURGERY (54%)	07-DERMATOLOGY (11%)	01,08-GP/FP (9%)
116-Dermabrasion and Cryotherapy									
Family Medicare Charges: \$4,164,429			0%						
Family Private Payments: \$809,955			2%						
Percent of CPEP Medicare Charges:									
Percent of CPEP Private Payments:									
15780-Abrasion treatment of skin	\$17,014	110	090	0%	-	87%	01,08-GP/FP (43%)	07-DERMATOLOGY (25%)	24-PLASTIC SURG (15%)
15781-Abrasion treatment of skin	\$134,707	643	090	3%	5%	81%	07-DERMATOLOGY (51%)	04-OTOLARYNG (16%)	24-PLASTIC SURG (16%)
15782-Abrasion treatment of skin	\$18,964	204	090	0%	-	90%	01,08-GP/FP (45%)	11-INTERNAL MED (17%)	07-DERMATOLOGY (14%)
15783-Abrasion treatment of skin	\$16,130	107	090	0%	-	84%	07-DERMATOLOGY (53%)	24-PLASTIC SURG (14%)	04-OTOLARYNG (7%)
15786-Abrasion treatment of lesion	\$93,066	2,296	010	2%	1%	89%	48-PODIAITRY (70%)	01,08-GP/FP (10%)	07-DERMATOLOGY (7%)
15787-Abrasion, added skin lesions	\$8,365	443	222	0%	-	74%	01,08-GP/FP (33%)	24-PLASTIC SURG (23%)	48-PODIAITRY (15%)
15788-Chemical peel, face, epiderm	-	-	090	-	-	-	(.)	(.)	(.)
15789-Chemical peel, face, dermal	-	-	090	-	-	-	(.)	(.)	(.)
15792-Chemical peel, nonfacial	-	-	090	-	-	-	(.)	(.)	(.)
15793-Chemical peel, nonfacial	-	-	090	-	-	-	(.)	(.)	(.)
15810-Salabrasion	\$762	7	090	0%	-	-	(.)	(.)	(.)
15811-Salabrasion	\$2,013	15	090	0%	-	86%	01,08-GP/FP (29%)	16-08-GYNECOLOGY (29%)	24-PLASTIC SURG (29%)
17340-Cryotherapy of skin	\$3,817,100	167,987	010	92%	91%	27%	24-PLASTIC SURG (93%)	01,08-GP/FP (7%)	(.)
17360-Skin peel therapy	\$56,308	1,789	010	1%	4%	98%	01,08-GP/FP (48%)	07-DERMATOLOGY (27%)	11-INTERNAL MED (15%)
120-Incision and Drainage									
Family Medicare Charges: \$56,495,638			3%						
Family Private Payments: \$2,482,374			5%						
Percent of CPEP Medicare Charges:									
Percent of CPEP Private Payments:									
10040-Acne surgery	\$1,339,217	39,471	010	2%	29%	99%	07-DERMATOLOGY (92%)	01,08-GP/FP (3%)	11-INTERNAL MED (1%)
10060-Drainage of skin abscess	\$30,912,186	763,950	010	55%	37%	82%	48-PODIAITRY (72%)	01,08-GP/FP (9%)	07-DERMATOLOGY (7%)
10061-Drainage of skin abscess	\$12,554,843	168,930	010	22%	13%	77%	48-PODIAITRY (67%)	07-DERMATOLOGY (12%)	02-GNRL SURGERY (8%)
10080-Drainage of pilonidal cyst	\$101,337	1,965	010	0%	1%	84%	02-GNRL SURGERY (18%)	07-DERMATOLOGY (15%)	11-INTERNAL MED (11%)
10081-Drainage of pilonidal cyst	\$66,785	658	010	0%	1%	69%	02-GNRL SURGERY (40%)	01,08-GP/FP (26%)	11-INTERNAL MED (11%)
10120-Remove foreign body	\$1,619,088	37,039	010	3%	6%	71%	01,08-GP/FP (30%)	48-PODIAITRY (27%)	02-GNRL SURGERY (13%)
10121-Remove foreign body	\$841,019	8,748	010	1%	3%	58%	02-GNRL SURGERY (31%)	48-PODIAITRY (22%)	01,08-GP/FP (17%)
10140-Drainage of hematoma/fluid	\$4,442,010	93,247	010	8%	2%	71%	48-PODIAITRY (81%)	02-GNRL SURGERY (9%)	01,08-GP/FP (4%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Alldchgs	Pct. of Family Privfms	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)			
							First Specialty	Second Specialty	Third Specialty	
10160-Puncture drainage of lesion	\$2,255,373	58,571	010	4%	3%	86%	48-PODIATRY (49%)	02-GNRL SURGERY (21%)	01,08-GP/FP (10%)	
10180-Complex drainage, wound	\$839,422	8,517	010	1%	2%	35%	02-GNRL SURGERY (38%)	20-ORTHOED SURG (15%)	48-PODIATRY (9%)	
11740-Drain blood from under nail	\$459,196	17,549	000	1%	1%	56%	48-PODIATRY (86%)	01,08-GP/FP (6%)	93-EMERGENCY MED (4%)	
19020-Incision of breast lesion	\$156,934	1,100	090	0%	0%	35%	02-GNRL SURGERY (70%)	01,08-GP/FP (7%)	49-ASC (4%)	
20000-Incision of abscess	\$221,128	3,473	010	0%	0%	7%	48-PODIATRY (39%)	01,08-GP/FP (15%)	11-INTERNAL MED (9%)	
20005-Incision of deep abscess	\$343,175	2,433	010	1%	1%	29%	02-GNRL SURGERY (34%)	20-ORTHOED SURG (16%)	48-PODIATRY (9%)	
21501-Drain neck/chest lesion	\$343,925	2,279	090	1%	1%	26%	04-OTOLARYNG (29%)	02-GNRL SURGERY (28%)	33-THORACIC SURG (8%)	
124-Simple Skin Repair										
Family Medicare Charges: \$57,168,761										
Family Private Payments: \$4,841,674										
Percent of CPEP Medicare Charges: 3%										
Percent of CPEP Private Payments: 9%										
11920-Correct skin color defects	\$2,646	10	000	0%	0%	90%	24-PLASTIC SURG (60%)	02-GNRL SURGERY (20%)	70-GROUP PRAC (20%)	
11921-Correct skin color defects	\$2,289	5	000	0%	0%	80%	24-PLASTIC SURG (60%)	39-NEPHROLOGY (20%)	70-GROUP PRAC (20%)	
11922-Correct skin color defects	\$7	1	222	0%	0%	100%	39-NEPHROLOGY (100%)	(.)	(.)	
11950-Therapy for contour defects	\$23	1	000	0%	1%	100%	24-PLASTIC SURG (100%)	(.)	(.)	
11951-Therapy for contour defects	\$92	2	000	0%	0%	100%	04-OTOLARYNG (50%)	07-DERMATOLOGY (50%)	(.)	
11952-Therapy for contour defects	\$498	1	000	0%	0%	100%	24-PLASTIC SURG (100%)	(.)	(.)	
11954-Therapy for contour defects	\$1,056	7	000	0%	0%	71%	24-PLASTIC SURG (71%)	34-UROLOGY (29%)	(.)	
12001-Repair superficial wound(s)	\$6,791,502	128,554	010	12%	17%	26%	01,08-GP/FP (37%)	93-EMERGENCY MED (33%)	70-GROUP PRAC (9%)	
12002-Repair superficial wound(s)	\$7,138,592	106,442	010	12%	11%	24%	01,08-GP/FP (38%)	93-EMERGENCY MED (34%)	11-INTERNAL MED (9%)	
12004-Repair superficial wound(s)	\$1,350,911	14,732	010	2%	2%	22%	01,08-GP/FP (38%)	93-EMERGENCY MED (33%)	11-INTERNAL MED (9%)	
12005-Repair superficial wound(s)	\$409,602	3,548	010	1%	0%	19%	01,08-GP/FP (35%)	93-EMERGENCY MED (32%)	02-GNRL SURGERY (9%)	
12011-Repair superficial wound(s)	\$3,773,540	60,235	010	7%	12%	15%	93-EMERGENCY MED (39%)	01,08-GP/FP (32%)	70-GROUP PRAC (10%)	
12013-Repair superficial wound(s)	\$3,065,210	37,280	010	4%	4%	14%	93-EMERGENCY MED (40%)	01,08-GP/FP (34%)	70-GROUP PRAC (9%)	
12014-Repair superficial wound(s)	\$558,985	5,906	010	1%	0%	19%	01,08-GP/FP (38%)	93-EMERGENCY MED (34%)	70-GROUP PRAC (8%)	
12015-Repair superficial wound(s)	\$276,234	2,113	010	0%	0%	15%	93-EMERGENCY MED (36%)	01,08-GP/FP (33%)	70-GROUP PRAC (8%)	
12016-Repair superficial wound(s)	\$58,746	338	010	0%	0%	19%	01,08-GP/FP (32%)	93-EMERGENCY MED (25%)	11-INTERNAL MED (10%)	
12020-Closure of split wound	\$286,424	2,722	010	1%	0%	42%	02-GNRL SURGERY (32%)	20-ORTHOED SURG (14%)	01,08-GP/FP (10%)	
12031-Closure of split wound	\$131,044	1,772	010	0%	0%	60%	02-GNRL SURGERY (25%)	20-ORTHOED SURG (16%)	48-PODIATRY (13%)	
12031-Layer closure of wound(s)	\$1,052,644	18,744	010	2%	2%	66%	07-DERMATOLOGY (46%)	01,08-GP/FP (15%)	24-PLASTIC SURG (11%)	
12032-Layer closure of wound(s)	\$2,664,014	35,613	010	5%	3%	60%	07-DERMATOLOGY (46%)	01,08-GP/FP (16%)	93-EMERGENCY MED (13%)	
12034-Layer closure of wound(s)	\$816,481	7,271	010	1%	1%	34%	01,08-GP/FP (25%)	93-EMERGENCY MED (20%)	07-DERMATOLOGY (16%)	
12035-Layer closure of wound(s)	\$356,200	2,444	010	1%	0%	18%	02-GNRL SURGERY (22%)	01,08-GP/FP (22%)	93-EMERGENCY MED (19%)	
12041-Layer closure of wound(s)	\$631,176	9,738	010	1%	1%	55%	07-DERMATOLOGY (27%)	01,08-GP/FP (23%)	93-EMERGENCY MED (15%)	
12042-Layer closure of wound(s)	\$1,137,810	13,713	010	2%	1%	57%	07-DERMATOLOGY (35%)	01,08-GP/FP (23%)	93-EMERGENCY MED (13%)	
12044-Layer closure of wound(s)	\$213,248	1,776	010	0%	0%	34%	01,08-GP/FP (29%)	93-EMERGENCY MED (19%)	02-GNRL SURGERY (10%)	
12045-Layer closure of wound(s)	\$68,624	451	010	0%	0%	28%	01,08-GP/FP (26%)	93-EMERGENCY MED (16%)	02-GNRL SURGERY (13%)	
12051-Layer closure of wound(s)	\$2,258,461	30,973	010	4%	5%	62%	07-DERMATOLOGY (47%)	24-PLASTIC SURG (16%)	93-EMERGENCY MED (11%)	
12052-Layer closure of wound(s)	\$3,079,466	30,488	010	5%	3%	53%	07-DERMATOLOGY (45%)	93-EMERGENCY MED (19%)	01,08-GP/FP (13%)	
12053-Layer closure of wound(s)	\$620,440	4,925	010	1%	1%	36%	07-DERMATOLOGY (28%)	93-EMERGENCY MED (25%)	01,08-GP/FP (18%)	
12054-Layer closure of wound(s)	\$336,232	1,858	010	0%	0%	20%	93-EMERGENCY MED (30%)	01,08-GP/FP (21%)	24-PLASTIC SURG (11%)	
12055-Layer closure of wound(s)	\$79,145	358	010	0%	0%	14%	93-EMERGENCY MED (23%)	24-PLASTIC SURG (19%)	01,08-GP/FP (16%)	
13100-Repair of wound or lesion	\$230,795	2,339	010	2%	2%	68%	07-DERMATOLOGY (50%)	24-PLASTIC SURG (29%)	02-GNRL SURGERY (9%)	
13101-Repair of wound or lesion	\$1,275,552	7,522	010	2%	2%	70%	07-DERMATOLOGY (47%)	24-PLASTIC SURG (19%)	02-GNRL SURGERY (10%)	
13120-Repair of wound or lesion	\$418,948	3,433	010	1%	1%	60%	07-DERMATOLOGY (34%)	24-PLASTIC SURG (24%)	01,08-GP/FP (12%)	
13121-Repair of wound or lesion	\$2,564,310	12,201	010	4%	3%	59%	07-DERMATOLOGY (44%)	24-PLASTIC SURG (18%)	01,08-GP/FP (9%)	
13131-Repair of wound or lesion	\$2,391,840	15,454	010	4%	4%	60%	07-DERMATOLOGY (38%)	24-PLASTIC SURG (31%)	01,08-GP/FP (7%)	
13132-Repair of wound or lesion	\$9,701,513	33,730	010	17%	11%	64%	07-DERMATOLOGY (54%)	24-PLASTIC SURG (21%)	01,08-GP/FP (5%)	
13300-Repair of wound or lesion	\$3,424,129	8,678	010	6%	7%	24%	24-PLASTIC SURG (39%)	07-DERMATOLOGY (15%)	02-GNRL SURGERY (14%)	
15775-Hair transplant punch grafts	\$11	1	000	0%	0%	0%	34-UROLOGY (100%)	(.)	(.)	
15776-Hair transplant punch grafts	\$321	3	000	0%	0%	0%	24-PLASTIC SURG (100%)	(.)	(.)	

Procedure	1993 MC Allowed Charges		1993 MC Units of Service		Global Period	Rearrangement	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Specialty		
	Charges	Service	Period	Global						First Specialty	Second Specialty	Third Specialty
128-Complex Skin Repairs Including Integument Grafts, Transfer and Rearrangement												
Family Medicare Payments:\$167,870,494	Percent of CPEP Medicare Charges: 10%											
Family Private Payments: \$5,168,069	Percent of CPEP Private Payments: 10%											
11960-Insert tissue expander(s)	\$137,193	323	090	0%	0%	0%	4%	15%	24-PLASTIC SURG (64%)	04-OTOLARYNG (8%)	02-GNRL SURGERY (7%)	
11970-Replace tissue expander	\$203,856	410	090	0%	0%	0%	2%	4%	24-PLASTIC SURG (88%)	49-ASC (5%)	01,08-GP/FP (1%)	
12006-Repair superficial wound(s)	\$106,653	791	010	0%	0%	0%	0%	23%	01,08-GP/FP (38%)	93-EMERGENCY MED (21%)	02-GNRL SURGERY (14%)	
12007-Repair superficial wound(s)	\$48,739	307	010	0%	0%	0%	0%	22%	01,08-GP/FP (27%)	02-GNRL SURGERY (21%)	93-EMERGENCY MED (19%)	
12017-Repair superficial wound(s)	\$20,341	101	010	0%	0%	0%	0%	3%	01,08-GP/FP (41%)	93-EMERGENCY MED (15%)	02-GNRL SURGERY (14%)	
12018-Repair superficial wound(s)	\$12,835	104	010	0%	0%	0%	0%	9%	01,08-GP/FP (72%)	49-ASC (7%)	93-EMERGENCY MED (6%)	
12036-Layer closure of wound(s)	\$116,032	628	010	0%	0%	0%	0%	14%	02-GNRL SURGERY (23%)	01,08-GP/FP (17%)	20-ORTHOPEID SURG (16%)	
12037-Layer closure of wound(s)	\$72,977	376	010	0%	0%	0%	1%	11%	02-GNRL SURGERY (32%)	24-PLASTIC SURG (19%)	20-ORTHOPEID SURG (18%)	
12046-Layer closure of wound(s)	\$23,356	109	010	0%	0%	0%	0%	22%	20-ORTHOPEID SURG (22%)	01,08-GP/FP (19%)	24-PLASTIC SURG (16%)	
12047-Layer closure of wound(s)	\$12,512	58	010	0%	0%	0%	0%	28%	01,08-GP/FP (19%)	02-GNRL SURGERY (16%)	20-ORTHOPEID SURG (16%)	
12056-Layer closure of wound(s)	\$23,628	78	010	0%	0%	0%	0%	21%	24-PLASTIC SURG (21%)	01,08-GP/FP (18%)	02-GNRL SURGERY (15%)	
12057-Layer closure of wound(s)	\$14,265	50	010	0%	0%	0%	0%	18%	24-PLASTIC SURG (26%)	01,08-GP/FP (22%)	02-GNRL SURGERY (12%)	
13150-Repair of wound or lesion	\$479,105	3,022	010	0%	0%	0%	2%	56%	24-PLASTIC SURG (41%)	07-DERMATOLOGY (22%)	04-OTOLARYNG (10%)	
13151-Repair of wound or lesion	\$2,254,499	10,739	010	1%	1%	0%	5%	60%	07-DERMATOLOGY (39%)	24-PLASTIC SURG (34%)	04-OTOLARYNG (7%)	
13152-Repair of wound or lesion	\$4,465,136	11,612	010	3%	3%	0%	6%	53%	07-DERMATOLOGY (41%)	24-PLASTIC SURG (30%)	04-OTOLARYNG (8%)	
13160-Late closure of wound	\$2,519,000	8,294	090	2%	1%	0%	1%	9%	02-GNRL SURGERY (32%)	20-ORTHOPEID SURG (22%)	24-PLASTIC SURG (9%)	
14000-Skin tissue rearrangement	\$1,497,949	5,531	090	1%	1%	0%	3%	5%	07-DERMATOLOGY (34%)	24-PLASTIC SURG (36%)	02-GNRL SURGERY (17%)	
14001-Skin tissue rearrangement	\$1,305,007	3,390	090	1%	2%	0%	2%	4%	24-PLASTIC SURG (39%)	07-DERMATOLOGY (32%)	02-GNRL SURGERY (18%)	
14020-Skin tissue rearrangement	\$3,237,981	9,383	090	2%	3%	0%	3%	5%	24-PLASTIC SURG (32%)	07-DERMATOLOGY (35%)	02-GNRL SURGERY (11%)	
14021-Skin tissue rearrangement	\$2,011,683	4,235	090	1%	2%	0%	2%	4%	24-PLASTIC SURG (39%)	07-DERMATOLOGY (37%)	02-GNRL SURGERY (9%)	
14024-Skin tissue rearrangement	\$21,877,475	48,904	090	13%	13%	0%	13%	56%	07-DERMATOLOGY (44%)	24-PLASTIC SURG (32%)	04-OTOLARYNG (7%)	
14041-Skin tissue rearrangement	\$5,479,060	9,576	090	3%	3%	0%	3%	5%	07-DERMATOLOGY (49%)	24-PLASTIC SURG (29%)	04-OTOLARYNG (9%)	
14060-Skin tissue rearrangement	\$29,928,738	53,845	090	18%	14%	0%	14%	47%	24-PLASTIC SURG (38%)	07-DERMATOLOGY (34%)	04-OTOLARYNG (10%)	
14061-Skin tissue rearrangement	\$3,655,356	4,910	090	2%	2%	0%	1%	4%	07-DERMATOLOGY (42%)	24-PLASTIC SURG (30%)	04-OTOLARYNG (13%)	
14300-Skin tissue rearrangement	\$4,161,600	5,253	090	2%	3%	0%	3%	3%	24-PLASTIC SURG (48%)	07-DERMATOLOGY (26%)	02-GNRL SURGERY (8%)	
14350-Skin tissue rearrangement	\$119,608	273	090	0%	0%	0%	0%	12%	24-PLASTIC SURG (59%)	20-ORTHOPEID SURG (12%)	48-PODIATRY (9%)	
15000-Skin graft procedure	\$6,782,521	27,796	222	4%	2%	0%	2%	22%	24-PLASTIC SURG (54%)	07-DERMATOLOGY (17%)	02-GNRL SURGERY (14%)	
15050-Skin pinch graft procedure	\$222,187	1,660	090	0%	0%	0%	0%	4%	02-GNRL SURGERY (25%)	24-PLASTIC SURG (21%)	48-PODIATRY (16%)	
15100-Skin split graft procedure	\$12,650,704	33,280	090	8%	7%	0%	8%	4%	24-PLASTIC SURG (49%)	02-GNRL SURGERY (32%)	20-ORTHOPEID SURG (3%)	
15101-Skin split graft procedure	\$3,119,811	20,340	222	2%	2%	0%	2%	1%	24-PLASTIC SURG (44%)	02-GNRL SURGERY (42%)	05-ANESTHESIA (5%)	
15120-Skin split graft procedure	\$3,656,440	7,633	090	2%	2%	0%	2%	17%	24-PLASTIC SURG (29%)	04-OTOLARYNG (26%)	02-GNRL SURGERY (16%)	
15121-Skin split graft procedure	\$180,113	1,149	090	0%	0%	0%	0%	3%	24-PLASTIC SURG (43%)	02-GNRL SURGERY (36%)	04-OTOLARYNG (10%)	
15200-Skin full graft procedure	\$384,446	1,149	090	0%	0%	0%	0%	18%	02-GNRL SURGERY (33%)	24-PLASTIC SURG (30%)	07-DERMATOLOGY (8%)	
15201-Skin full graft procedure	\$25,408	154	222	0%	0%	0%	0%	18%	24-PLASTIC SURG (45%)	02-GNRL SURGERY (24%)	07-DERMATOLOGY (14%)	
15220-Skin full graft procedure	\$1,175,899	3,241	090	1%	1%	0%	1%	22%	24-PLASTIC SURG (39%)	02-GNRL SURGERY (23%)	07-DERMATOLOGY (15%)	
15221-Skin full graft procedure	\$125,619	673	222	0%	0%	0%	0%	8%	24-PLASTIC SURG (72%)	02-GNRL SURGERY (11%)	07-DERMATOLOGY (5%)	
15240-Skin full graft procedure	\$4,322,054	9,596	090	3%	3%	0%	3%	25%	24-PLASTIC SURG (44%)	07-DERMATOLOGY (15%)	02-GNRL SURGERY (13%)	
15241-Skin full graft procedure	\$177,672	811	222	0%	0%	0%	0%	18%	24-PLASTIC SURG (62%)	07-DERMATOLOGY (16%)	04-OTOLARYNG (6%)	
15260-Skin full graft procedure	\$14,248,934	27,166	090	8%	4%	0%	4%	40%	07-DERMATOLOGY (33%)	24-PLASTIC SURG (31%)	04-OTOLARYNG (10%)	
15261-Skin full graft procedure	\$86,657	429	222	0%	0%	0%	0%	22%	24-PLASTIC SURG (35%)	02-GNRL SURGERY (22%)	07-DERMATOLOGY (18%)	
15350-Skin homograft procedure	\$156,903	830	090	0%	0%	0%	0%	25%	24-PLASTIC SURG (50%)	02-GNRL SURGERY (24%)	07-DERMATOLOGY (10%)	
15400-Skin heterograft procedure	\$167,076	1,304	090	0%	0%	0%	0%	3%	24-PLASTIC SURG (27%)	48-PODIATRY (27%)	02-GNRL SURGERY (24%)	
15570-Form skin pedicle flap	\$402,311	634	090	0%	0%	0%	0%	10%	24-PLASTIC SURG (52%)	02-GNRL SURGERY (21%)	49-ASC (12%)	
15572-Form skin pedicle flap	\$484,288	783	090	0%	0%	0%	0%	13%	24-PLASTIC SURG (53%)	02-GNRL SURGERY (18%)	49-ASC (15%)	
15574-Form skin pedicle flap	\$2,163,001	3,542	090	1%	1%	0%	1%	14%	24-PLASTIC SURG (44%)	49-ASC (18%)	04-OTOLARYNG (11%)	
15576-Form skin pedicle flap	\$3,203,628	5,069	090	2%	2%	0%	2%	1%	24-PLASTIC SURG (45%)	49-ASC (17%)	04-OTOLARYNG (13%)	
15580-Attach skin pedicle graft	\$48,349	128	090	0%	0%	0%	0%	9%	24-PLASTIC SURG (48%)	20-ORTHOPEID SURG (27%)	40-HAND SURGERY (9%)	
15600-Skin graft procedure	\$36,588	172	090	0%	0%	0%	0%	5%	24-PLASTIC SURG (62%)	04-OTOLARYNG (15%)	02-GNRL SURGERY (10%)	

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDgns	Pct. of Family Privlmts	Pct. of Family Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
15610-Skin graft procedure	\$63,476	215	090	0%	-	9%	24-PLASTIC SURG (61%)	02-GNRL SURGERY (10%)	20-ORTHOPE SURG (7%)
15620-Skin graft procedure	\$195,471	620	090	0%	-	14%	24-PLASTIC SURG (55%)	04-OTOLARYNG (16%)	49-ASC (10%)
15625-Skin graft procedure	\$20,053	86	090	0%	-	14%	24-PLASTIC SURG (56%)	20-ORTHOPE SURG (22%)	49-ASC (9%)
15630-Skin graft procedure	\$480,876	1,414	090	0%	-	21%	24-PLASTIC SURG (54%)	04-OTOLARYNG (14%)	49-ASC (12%)
15650-Transfer skin pedicle flap	\$31,667	134	090	0%	-	5%	24-PLASTIC SURG (50%)	04-OTOLARYNG (16%)	02-GNRL SURGERY (12%)
15732-Muscle-skin graft, head/neck	\$3,892,407	3,822	090	2%	2%	4%	24-PLASTIC SURG (42%)	04-OTOLARYNG (28%)	18-OPHTHALMOLOGY (16%)
15734-Muscle-skin graft, trunk	\$9,357,218	8,378	090	6%	4%	1%	24-PLASTIC SURG (76%)	02-GNRL SURGERY (9%)	04-OTOLARYNG (4%)
15736-Muscle-skin graft, arm	\$425,573	455	090	0%	-	2%	24-PLASTIC SURG (69%)	02-GNRL SURGERY (7%)	04-OTOLARYNG (6%)
15738-Muscle-skin graft, leg	\$3,964,837	4,046	090	2%	1%	1%	24-PLASTIC SURG (74%)	02-GNRL SURGERY (9%)	05-ANESTHESIA (4%)
15740-Island pedicle flap graft	\$1,023,679	1,436	090	1%	-	44%	07-DERMATOLOGY (43%)	24-PLASTIC SURG (27%)	04-OTOLARYNG (8%)
15750-Neurovascular pedicle graft	\$95,226	147	090	0%	-	3%	24-PLASTIC SURG (54%)	20-ORTHOPE SURG (11%)	49-ASC (7%)
15755-Microvascular flap graft	\$2,565,154	1,492	090	2%	4%	3%	24-PLASTIC SURG (68%)	04-OTOLARYNG (11%)	02-GNRL SURGERY (6%)
15760-Composite skin graft	\$383,875	804	090	0%	-	17%	24-PLASTIC SURG (45%)	04-OTOLARYNG (23%)	49-ASC (11%)
15770-Derma-fat-fascia graft	\$413,141	1,338	090	0%	-	4%	04-OTOLARYNG (43%)	14-NEUROSURGERY (17%)	24-PLASTIC SURG (13%)
15819-Plastic surgery, neck	\$3,798	9	090	0%	-	11%	04-OTOLARYNG (44%)	24-PLASTIC SURG (33%)	13-NEUROLOGY (11%)
15831-Excise excessive skin tissue	\$289,023	460	090	0%	3%	4%	02-GNRL SURGERY (45%)	24-PLASTIC SURG (33%)	01,08-GP/FP (5%)
15832-Excise excessive skin tissue	\$23,288	38	090	0%	-	21%	24-PLASTIC SURG (47%)	02-GNRL SURGERY (18%)	33-THORACIC SURG (11%)
15833-Excise excessive skin tissue	\$9,592	24	090	0%	-	21%	24-PLASTIC SURG (63%)	02-GNRL SURGERY (17%)	01,08-GP/FP (8%)
15834-Excise excessive skin tissue	\$3,978	8	090	0%	-	0%	24-PLASTIC SURG (50%)	02-GNRL SURGERY (25%)	11-INTERNAL MED (13%)
15835-Excise excessive skin tissue	\$2,625	6	090	0%	-	17%	02-GNRL SURGERY (83%)	18-OPHTHALMOLOGY (17%)	(-)
15836-Excise excessive skin tissue	\$13,123	34	090	0%	-	12%	24-PLASTIC SURG (47%)	02-GNRL SURGERY (32%)	01,08-GP/FP (12%)
15837-Excise excessive skin tissue	\$2,323	10	090	0%	-	10%	24-PLASTIC SURG (60%)	01,08-GP/FP (20%)	40-HAND SURGERY (20%)
15838-Excise excessive skin tissue	\$9,068	32	090	0%	-	19%	04-OTOLARYNG (47%)	24-PLASTIC SURG (22%)	18-OPHTHALMOLOGY (13%)
15839-Excise excessive skin tissue	\$42,106	156	090	0%	-	2%	02-GNRL SURGERY (39%)	24-PLASTIC SURG (17%)	04-OTOLARYNG (12%)
15840-Graft for face nerve palsy	\$163,109	185	090	0%	-	6%	24-PLASTIC SURG (54%)	04-OTOLARYNG (21%)	18-OPHTHALMOLOGY (12%)
15841-Graft for face nerve palsy	\$12,009	13	090	0%	-	8%	18-OPHTHALMOLOGY (46%)	04-OTOLARYNG (23%)	24-PLASTIC SURG (15%)
15842-Graft for face nerve palsy	\$19,143	11	090	0%	-	0%	24-PLASTIC SURG (64%)	02-GNRL SURGERY (9%)	04-OTOLARYNG (9%)
15845-Skin and muscle repair, face	\$211,806	202	090	0%	-	2%	24-PLASTIC SURG (32%)	18-OPHTHALMOLOGY (26%)	04-OTOLARYNG (18%)
15922-Removal of tail bone ulcer	\$33,697	93	090	0%	-	2%	02-GNRL SURGERY (49%)	24-PLASTIC SURG (42%)	01,08-GP/FP (2%)
15934-Remove sacrum pressure sore	\$482,662	812	090	0%	-	3%	02-GNRL SURGERY (46%)	24-PLASTIC SURG (40%)	20-ORTHOPE SURG (6%)
15935-Remove sacrum pressure sore	\$337,707	403	090	0%	-	1%	24-PLASTIC SURG (58%)	02-GNRL SURGERY (31%)	01,08-GP/FP (3%)
15936-Remove sacrum pressure sore	\$461,903	839	090	0%	-	2%	24-PLASTIC SURG (65%)	02-GNRL SURGERY (26%)	01,08-GP/FP (3%)
15937-Remove sacrum pressure sore	\$1,029,593	1,396	090	1%	-	1%	24-PLASTIC SURG (76%)	02-GNRL SURGERY (17%)	01,08-GP/FP (2%)
15944-Removal of pressure sore	\$236,954	379	090	0%	-	2%	24-PLASTIC SURG (60%)	02-GNRL SURGERY (32%)	49-ASC (2%)
15945-Removal of pressure sore	\$176,693	244	090	0%	-	1%	24-PLASTIC SURG (68%)	02-GNRL SURGERY (25%)	20-ORTHOPE SURG (3%)
15946-Removal of pressure sore	\$1,981,700	1,828	090	1%	-	1%	24-PLASTIC SURG (83%)	02-GNRL SURGERY (10%)	70-GROUP PRAC (1%)
15952-Remove thigh pressure sore	\$159,684	324	090	0%	-	1%	02-GNRL SURGERY (48%)	24-PLASTIC SURG (36%)	77-VASCULAR SURG (6%)
15953-Remove thigh pressure sore	\$105,393	177	090	0%	-	1%	02-GNRL SURGERY (46%)	24-PLASTIC SURG (41%)	01,08-GP/FP (3%)
15956-Remove thigh pressure sore	\$516,888	534	090	0%	-	1%	24-PLASTIC SURG (62%)	02-GNRL SURGERY (25%)	01,08-GP/FP (3%)
15958-Remove thigh pressure sore	\$1,047,003	876	090	1%	-	1%	24-PLASTIC SURG (72%)	02-GNRL SURGERY (21%)	01,08-GP/FP (2%)

132-Photochemotherapy

Family Medicare Charges:	\$7,813,490	Percent of CPEP Medicare Charges:	0%
Family Private Payments:	\$296,214	Percent of CPEP Private Payments:	1%

96900-Ultraviolet light therapy	\$1,483,339	19%	99%	07-DERMATOLOGY (95%)	70-GROUP PRAC (1%)	48-PODIATRY (1%)
96910-Photochemotherapy with UV-B	\$2,987,175	36%	33%	07-DERMATOLOGY (94%)	70-GROUP PRAC (3%)	11-INTERNAL MED (1%)
96912-Photochemotherapy with UV-A	\$3,219,722	41%	48%	07-DERMATOLOGY (94%)	70-GROUP PRAC (3%)	11-INTERNAL MED (2%)
96913-Photochemotherapy, UV-A or B	\$123,254	2%	0%	07-DERMATOLOGY (100%)	26-PSYCHIATRY (0%)	01,08-GP/FP (0%)

136-Occupational Therapy

Family Medicare Charges:	\$7,954,660	Percent of CPEP Medicare Charges:	0%
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Procedure	1993 MC Allowed Charges		1993 MC Units of Service		Global Period	Pct. of Family AlldChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)			
	Family Private Payments:	\$42,871	Percent of CPEP Private Payments:	0%					First_Specialty	Second_Specialty	Third_Specialty	
97540-Training for daily living	\$5,686,157	204,692	XXX	71%	XXX	88%	97%	97%	01,08-GP/FP (23%)	06-CARDIOLOGY (14%)	30-RADIOLOGY (12%)	
97541-Supplemental training	\$119,435	10,090	XXX	2%	XXX	12%	97%	97%	25-PHYSICL-REHAB (24%)	65-PHYSICAL THER (19%)	01,08-GP/FP (9%)	
97770-Cognitive skills development			XXX		XXX				(.)	(.)	(.)	
H5300-Occupational therapy	\$2,061,393	100,632	XXX	26%	XXX		97%	97%	67-OC THERAPIST (94%)	25-PHYSICL-REHAB (22%)	20-ORTHOPED SURG (2%)	
Q0109-Occupational therapy eval	\$67,851	1,686	XXX	1%	XXX		96%	96%	67-OC THERAPIST (55%)	20-ORTHOPED SURG (14%)	25-PHYSICL-REHAB (13%)	
Q0110-Occupational therap re-eval	\$19,824	1,092	XXX	0%	XXX		98%	98%	40-HAND SURGERY (42%)	67-OC THERAPIST (31%)	25-PHYSICL-REHAB (10%)	
140-Physical Therapy												
Family Medicare Charges:	\$446,682,116					26%						
Family Private Payments:	\$8,325,850					16%						
20974-Electrical bone stimulation	\$49,088	432	ZZZ	0%	XXX		93%	93%	20-ORTHOPED SURG (50%)	48-PODIATRY (46%)	14-NEUROSURGERY (0%)	
97010-Hot or cold packs therapy	\$34,068,557	2,354,859	XXX	8%	XXX	7%	99%	99%	65-PHYSICAL THER (38%)	20-ORTHOPED SURG (18%)	01,08-GP/FP (16%)	
97012-Mechanical traction therapy	\$2,863,036	203,022	XXX	1%	XXX	3%	100%	100%	01,08-GP/FP (18%)	20-ORTHOPED SURG (18%)		
97014-Electric stimulation therapy	\$13,147,910	929,410	XXX	3%	XXX	7%	99%	99%	65-PHYSICAL THER (27%)	01,08-GP/FP (21%)	20-ORTHOPED SURG (15%)	
97016-Vasopneumatic device therapy	\$911,274	64,623	XXX	0%	XXX	0%	61%	61%	01,08-GP/FP (47%)	48-PODIATRY (19%)	65-PHYSICAL THER (12%)	
97018-Paraffin bath therapy	\$2,095,318	123,976	XXX	0%	XXX	0%	100%	100%	48-PODIATRY (28%)	01,08-GP/FP (17%)	20-ORTHOPED SURG (13%)	
97020-Microwave therapy	\$122,962	10,523	XXX	0%	XXX	0%	99%	99%	01,08-GP/FP (49%)	48-PODIATRY (15%)	25-PHYSICL-REHAB (10%)	
97022-Whirlpool therapy	\$7,966,506	573,639	XXX	2%	XXX	2%	99%	99%	65-PHYSICAL THER (71%)	65-PHYSICAL THER (13%)	20-ORTHOPED SURG (9%)	
97024-Diathermy treatment	\$2,378,736	178,775	XXX	1%	XXX	1%	100%	100%	01,08-GP/FP (52%)	11-INTERNAL MED (13%)	25-PHYSICL-REHAB (7%)	
97026-Infrared therapy	\$699,758	47,996	XXX	0%	XXX	0%	95%	95%	01,08-GP/FP (50%)	25-PHYSICL-REHAB (14%)	11-INTERNAL MED (10%)	
97028-Ultraviolet therapy	\$212,987	16,152	XXX	0%	XXX	0%	100%	100%	48-PODIATRY (65%)	07-DERMATOLOGY (23%)	01,08-GP/FP (5%)	
97033-Electric stimulation			XXX		XXX				(.)	(.)	(.)	
97034-Contrast bath therapy			XXX		XXX				(.)	(.)	(.)	
97035-Ultrasound therapy			XXX		XXX				(.)	(.)	(.)	
97036-Hydrotherapy			XXX		XXX				(.)	(.)	(.)	
97039-Physical therapy treatment	\$851,601	53,857	XXX	1%	XXX	1%	95%	95%	65-PHYSICAL THER (31%)	01,08-GP/FP (22%)	20-ORTHOPED SURG (11%)	
97110-Therapeutic exercises	\$30,593,116	1,811,712	XXX	7%	XXX	23%	98%	98%	65-PHYSICAL THER (55%)	20-ORTHOPED SURG (22%)	25-PHYSICL-REHAB (8%)	
97112-Neuromuscular reeducation	\$2,837,945	179,747	XXX	1%	XXX	1%	98%	98%	65-PHYSICAL THER (40%)	25-PHYSICL-REHAB (17%)	01,08-GP/FP (16%)	
97113-Aquatic therapy/exercises			XXX		XXX				(.)	(.)	(.)	
97116-Gait training therapy	\$2,318,195	155,099	XXX	1%	XXX	0%	77%	77%	65-PHYSICAL THER (61%)	25-PHYSICL-REHAB (13%)	20-ORTHOPED SURG (8%)	
97124-Manual traction therapy	\$1,082,642	78,333	XXX	0%	XXX	1%	99%	99%	65-PHYSICAL THER (64%)	01,08-GP/FP (20%)	20-ORTHOPED SURG (10%)	
97126-Massage therapy	\$12,546,887	924,204	XXX	3%	XXX	4%	98%	98%	65-PHYSICAL THER (42%)	01,08-GP/FP (17%)	20-ORTHOPED SURG (10%)	
97139-Physical medicine procedure	\$2,173,175	114,711	XXX	0%	XXX	0%	95%	95%	65-PHYSICAL THER (48%)	20-ORTHOPED SURG (12%)	25-PHYSICL-REHAB (9%)	
97150-Group therapeutic procedures			XXX		XXX				(.)	(.)	(.)	
97250-Myofascial release	\$3,060,911	227,328	000	1%	000	33%	98%	98%	01,08-GP/FP (63%)	65-PHYSICAL THER (8%)	25-PHYSICL-REHAB (7%)	
97260-Regional manipulation	\$1,054,200	121,007	000	0%	000	2%	98%	98%	01,08-GP/FP (72%)	12-MANIP TH-OSTE (14%)	25-PHYSICL-REHAB (5%)	
97265-Joint mobilization			XXX		XXX				(.)	(.)	(.)	
97500-Orthotics training	\$175,961	8,491	XXX	0%	XXX	1%	99%	99%	20-ORTHOPED SURG (33%)	65-PHYSICAL THER (27%)	40-HAND SURGERY (11%)	
97501-Supplemental training	\$18,461	1,741	XXX	0%	XXX	0%	98%	98%	20-ORTHOPED SURG (34%)	65-PHYSICAL THER (31%)	40-HAND SURGERY (14%)	
97520-Prosthetic training	\$55,963	2,546	XXX	0%	XXX	0%	94%	94%	65-PHYSICAL THER (38%)	25-PHYSICL-REHAB (19%)	20-ORTHOPED SURG (11%)	
97521-Supplemental training	\$16,184	1,390	XXX	0%	XXX	0%	97%	97%	04-OTOLARYNG (36%)	25-PHYSICL-REHAB (20%)	65-PHYSICAL THER (10%)	
97530-Therapeutic activities	\$14,767,937	612,702	XXX	3%	XXX	6%	97%	97%	65-PHYSICAL THER (44%)	20-ORTHOPED SURG (20%)	01,08-GP/FP (11%)	
97700-Training checkout	\$1,651,596	66,836	XXX	0%	XXX	0%	93%	93%	65-PHYSICAL THER (36%)	20-ORTHOPED SURG (18%)	25-PHYSICL-REHAB (6%)	
97701-Supplemental checkout	\$355,920	27,911	XXX	0%	XXX	1%	100%	100%	67-OC THERAPIST (45%)	65-PHYSICAL THER (25%)	25-PHYSICL-REHAB (6%)	
98925-Physical performance test			000		000				(.)	(.)	(.)	
98926-Osteopathic manipulation			000		000				(.)	(.)	(.)	

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AltdChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
98927-Osteopathic manipulation	.	.	000	.	.	.	(.)	(.)	(.)
98928-Osteopathic manipulation	.	.	000	.	.	.	(.)	(.)	(.)
98929-Osteopathic manipulation	.	.	000	.	.	.	(.)	(.)	(.)
A2000-Chiropractor manip of spine	\$235,761,065	12,055,623	XXX	53%	.	100%	35-CHIROPRACTIC (100%)	70-GROUP PRAC (0%)	46-ENDOCRINOLOGY (0%)
M0005-Off visit 2/more modalities	\$4,000,207	120,247	XXX	1%	.	100%	65-PHYSICAL THER (51%)	48-PODIATRY (19%)	20-ORTHOPED SURG (8%)
M0006-One phys therapy modality	\$828,896	44,963	XXX	0%	.	98%	65-PHYSICAL THER (54%)	48-PODIATRY (15%)	25-PHYSICL-REHAB (11%)
M0007-Combined phys ther mod & tx	\$50,804,569	1,233,398	XXX	11%	.	98%	65-PHYSICAL THER (57%)	48-PODIATRY (18%)	25-PHYSICL-REHAB (7%)
M0008-Combined phys ther mod & tx	\$11,510,729	791,228	XXX	3%	.	94%	65-PHYSICAL THER (69%)	11-INTERNAL MED (13%)	20-ORTHOPED SURG (8%)
Q0103-Physical therapy evaluation	\$5,360,337	129,647	XXX	1%	.	98%	65-PHYSICAL THER (78%)	20-ORTHOPED SURG (11%)	25-PHYSICL-REHAB (2%)
Q0104-Phys therapy re-evaluation	\$339,507	20,430	XXX	0%	.	98%	65-PHYSICAL THER (65%)	48-PODIATRY (10%)	20-ORTHOPED SURG (9%)
144-Muscle Strength and Range of Motion Testing									
Family Medicare Charges:	\$2,385,029			0%					
Family Private Payments:	\$189,720			0%					
Percent of CPEP Medicare Payments:									
Percent of CPEP Private Payments:									
95831-Limb muscle testing, manual	\$589,496	29,974	XXX	25%	24%	62%	25-PHYSICL-REHAB (24%)	95-PHYSIOL LAB (20%)	01-OB-GP/FP (11%)
95832-Hand muscle testing, manual	\$147,670	8,194	XXX	6%	2%	92%	11-INTERNAL MED (50%)	01-OB-GP/FP (12%)	25-PHYSICL-REHAB (9%)
95833-Body muscle testing, manual	\$218,552	6,088	XXX	9%	6%	93%	25-PHYSICL-REHAB (38%)	13-NEUROLOGY (17%)	20-ORTHOPED SURG (10%)
95834-Body muscle testing, manual	\$266,538	6,753	XXX	11%	9%	74%	13-NEUROLOGY (46%)	25-PHYSICL-REHAB (23%)	20-ORTHOPED SURG (10%)
95851-Range of motion measurements	\$1,059,532	60,558	XXX	44%	55%	81%	25-PHYSICL-REHAB (21%)	01-OB-GP/FP (13%)	20-ORTHOPED SURG (13%)
95852-Range of motion measurements	\$103,261	7,766	XXX	4%	4%	90%	13-NEUROLOGY (22%)	20-ORTHOPED SURG (20%)	40-HAND SURGERY (19%)

CPEP 2 - MALE GENITAL AND URINARY

Procedure 1993 MC Allowed Charges 1993 MC Service Units of Global Period AllDchs Family Pct. of Pct. of Pct. of Pct. of Procedure Volume

C 2 =====
200-Simple Urethral Procedures

Family Medicare Charges: \$713,102
Family Private Payments: \$39,685

Percent of CPEP Medicare Charges: 0%
Percent of CPEP Private Payments: 0%

Procedure	1993 MC Allowed Charges	1993 MC Service Units of Global Period	AllDchs	Family Pct. of	Pct. of	Pct. of	Pct. of	First Specialty	Second Specialty	Third Specialty
53020-Incision of urethra	\$105,654	1,607	000	15%	53%	26%	34-UROLOGY (92%)	49-ASC (2%)	02-GNRL SURGERY (2%)	(.)
53025-Incision of urethra	\$316	9	000	0%	.	44%	34-UROLOGY (100%)	(.)	(.)	(.)
53040-Drainage of urethra abscess	\$28,033	158	090	4%	.	10%	34-UROLOGY (89%)	02-GNRL SURGERY (4%)	16-OB-GYNECOLOGY (4%)	16-OB-GYNECOLOGY (25%)
53060-Drainage of urethra abscess	\$1,987	32	010	0%	.	75%	34-UROLOGY (31%)	01-OB-GP/FP (28%)	16-OB-GYNECOLOGY (9%)	01-OB-GP/FP (2%)
53200-Biopsy of urethra	\$69,971	888	000	10%	.	17%	34-UROLOGY (84%)	16-OB-GYNECOLOGY (10%)	11-INTERNAL MED (3%)	02-GNRL SURGERY (20%)
53240-Surgery for urethra pouch	\$13,561	39	090	2%	.	3%	34-UROLOGY (87%)	34-UROLOGY (30%)	01-OB-GP/FP (5%)	49-ASC (3%)
53250-Removal of urethra gland	\$2,273	10	090	0%	.	30%	01-OB-GP/FP (30%)	16-OB-GYNECOLOGY (34%)	01-OB-GP/FP (1%)	01-OB-GP/FP (1%)
53260-Treatment of urethra lesion	\$52,090	558	010	7%	20%	36%	34-UROLOGY (54%)	16-OB-GYNECOLOGY (11%)	16-OB-GYNECOLOGY (2%)	16-OB-GYNECOLOGY (2%)
53265-Treatment of urethra lesion	\$303,624	2,169	010	43%	16%	20%	34-UROLOGY (79%)	34-UROLOGY (14%)	02-GNRL SURGERY (3%)	02-GNRL SURGERY (2%)
53270-Removal of urethra gland	\$10,068	113	010	1%	11%	85%	16-OB-GYNECOLOGY (82%)	34-UROLOGY (92%)	02-GNRL SURGERY (3%)	16-OB-GYNECOLOGY (2%)
53275-Repair of urethra defect	\$94,757	464	010	13%	.	4%	34-UROLOGY (92%)	02-GNRL SURGERY (3%)	16-OB-GYNECOLOGY (2%)	16-OB-GYNECOLOGY (2%)
53460-Revision of urethra	\$30,808	125	090	4%	.	9%	34-UROLOGY (90%)	02-GNRL SURGERY (3%)	16-OB-GYNECOLOGY (2%)	16-OB-GYNECOLOGY (2%)

204-Complex Urethral Procedures

Family Medicare Charges: \$1,374,169
Family Private Payments: \$11,945

Percent of CPEP Medicare Charges: 0%
Percent of CPEP Private Payments: 0%

53000-Incision of urethra	\$46,849	427	010	3%	.	18%	34-UROLOGY (83%)	49-ASC (6%)	01-OB-GP/FP (2%)	01-OB-GP/FP (2%)
53010-Incision of urethra	\$57,376	324	090	4%	.	2%	34-UROLOGY (94%)	49-ASC (2%)	01-OB-GP/FP (1%)	01-OB-GP/FP (1%)
53080-Drainage of urinary leakage	\$3,584	15	090	0%	.	27%	34-UROLOGY (67%)	16-OB-GYNECOLOGY (20%)	01-OB-GP/FP (7%)	01-OB-GP/FP (7%)
53085-Drainage of urinary leakage	\$14,345	28	090	1%	.	4%	34-UROLOGY (82%)	02-GNRL SURGERY (7%)	16-OB-GYNECOLOGY (4%)	02-GNRL SURGERY (4%)
53210-Removal of urethra	\$39,743	114	090	3%	.	7%	34-UROLOGY (83%)	02-GNRL SURGERY (10%)	02-GNRL SURGERY (3%)	02-GNRL SURGERY (3%)
53215-Removal of urethra	\$243,800	523	090	18%	.	2%	34-UROLOGY (91%)	02-GNRL SURGERY (4%)	70-GROUP PRAC (2%)	70-GROUP PRAC (2%)
53220-Treatment of urethra lesion	\$71,405	219	090	5%	.	2%	34-UROLOGY (82%)	16-OB-GYNECOLOGY (9%)	02-GNRL SURGERY (2%)	02-GNRL SURGERY (2%)
53230-Removal of urethra lesion	\$106,254	212	090	8%	.	2%	34-UROLOGY (88%)	16-OB-GYNECOLOGY (7%)	02-GNRL SURGERY (2%)	02-GNRL SURGERY (2%)
53235-Removal of urethra lesion	\$23,731	61	090	2%	.	3%	34-UROLOGY (62%)	02-GNRL SURGERY (20%)	10-GASTROENTER (5%)	10-GASTROENTER (5%)
53400-Revise urethra, 1st stage	\$91,476	172	090	7%	.	3%	34-UROLOGY (89%)	16-OB-GYNECOLOGY (2%)	11-INTERNAL MED (2%)	11-INTERNAL MED (2%)
53405-Revise urethra, 2nd stage	\$21,591	30	090	2%	.	0%	34-UROLOGY (93%)	02-GNRL SURGERY (3%)	70-GROUP PRAC (3%)	70-GROUP PRAC (3%)
53410-Reconstruction of urethra	\$161,056	245	090	12%	.	4%	34-UROLOGY (91%)	01-OB-GP/FP (2%)	24-PLASTIC SURG (2%)	24-PLASTIC SURG (2%)
53415-Reconstruction of urethra	\$88,913	96	090	6%	.	6%	34-UROLOGY (83%)	02-GNRL SURGERY (8%)	01-OB-GP/FP (4%)	01-OB-GP/FP (4%)
53420-Reconstruct urethra, stage 1	\$40,141	214	090	3%	.	76%	11-INTERNAL MED (40%)	01-OB-GP/FP (31%)	34-UROLOGY (21%)	34-UROLOGY (21%)
53425-Reconstruct urethra, stage 2	\$15,592	16	090	1%	.	0%	34-UROLOGY (94%)	70-GROUP PRAC (6%)	(.)	(.)
53430-Reconstruction of urethra	\$147,624	270	090	11%	.	3%	34-UROLOGY (81%)	16-OB-GYNECOLOGY (9%)	02-GNRL SURGERY (4%)	02-GNRL SURGERY (4%)
53442-Remove perineal prosthesis	\$11,388	28	090	1%	.	4%	34-UROLOGY (86%)	16-OB-GYNECOLOGY (7%)	05-ANESTHESIA (4%)	05-ANESTHESIA (4%)
53443-Reconstruction of urethra	\$59,458	247	090	4%	.	0%	34-UROLOGY (61%)	34-UROLOGY (30%)	70-GROUP PRAC (2%)	70-GROUP PRAC (2%)
53450-Revision of urethra	\$69,520	311	090	5%	100%	4%	34-UROLOGY (94%)	49-ASC (2%)	01-OB-GP/FP (4%)	01-OB-GP/FP (4%)
53502-Repair of urethra injury	\$8,310	25	090	1%	.	16%	34-UROLOGY (72%)	16-OB-GYNECOLOGY (8%)	30-RADIOLOGY (6%)	30-RADIOLOGY (6%)
53505-Repair of urethra injury	\$5,346	20	090	0%	.	5%	34-UROLOGY (95%)	02-GNRL SURGERY (5%)	(.)	(.)
53510-Repair of urethra injury	\$10,837	33	090	1%	.	21%	34-UROLOGY (67%)	20-ORTHOPEID SURG (18%)	02-GNRL SURGERY (13%)	02-GNRL SURGERY (13%)
53515-Repair of urethra injury	\$9,543	16	090	1%	.	6%	34-UROLOGY (88%)	24-PLASTIC SURG (9%)	11-INTERNAL MED (6%)	11-INTERNAL MED (6%)
53520-Repair of urethra defect	\$26,267	77	090	2%	.	10%	34-UROLOGY (73%)	70-GROUP PRAC (2%)	01-OB-GP/FP (2%)	01-OB-GP/FP (2%)

208-Urethral Catheterization and Dilatation -Simple

Family Medicare Charges: \$14,007,987
Family Private Payments: \$359,292

Percent of CPEP Medicare Charges: 2%
Percent of CPEP Private Payments: 1%

51700-Irrigation of bladder	\$1,473,707	62,376	000	11%	13%	86%	34-UROLOGY (93%)	70-GROUP PRAC (2%)	01-OB-GP/FP (2%)	01-OB-GP/FP (2%)
53600-Dilate urethra stricture	\$1,460,420	41,544	000	10%	6%	85%	34-UROLOGY (96%)	01-OB-GP/FP (1%)	70-GROUP PRAC (1%)	70-GROUP PRAC (1%)

1993 MC Allowed Charges 1993 MC Service Units 1993 MC Global Period Pct. of Family All'dths Pct. of Family PrivPmts Pct. of Vol. in OFFICE First Specialty Second Specialty Third Specialty

53601-Dilate urethra stricture	\$1,522,583	47,925	000	11%	5%	96%	34-UROLOGY (98%)	70-GROUP PRAC (1%)	01,08-GP/FP (1%)
53605-Dilate urethra stricture	\$104,424	2,528	000	1%	1%	22%	34-UROLOGY (92%)	49-ASC (2%)	02-GNRL SURGERY (2%)
53660-Dilation of urethra	\$1,901,534	69,969	000	14%	22%	94%	34-UROLOGY (85%)	01,08-GP/FP (8%)	16-OB-GYNECOLOGY (4%)
53661-Dilation of urethra	\$2,426,211	94,136	000	17%	22%	99%	34-UROLOGY (94%)	01,08-GP/FP (2%)	70-GROUP PRAC (1%)
53665-Dilation of urethra	\$50,331	1,910	000	0%	1%	38%	34-UROLOGY (72%)	16-OB-GYNECOLOGY (11%)	01,08-GP/FP (10%)
53670-Insert urinary catheter	\$5,068,777	287,724	000	36%	28%	73%	34-UROLOGY (66%)	01,08-GP/FP (10%)	93-EMERGENCY MED (7%)
60002-Temporary urinary catheter	.	.	000	.	.	.	(.)	(.)	(.)

212-Urethral Catheterization and Dilatation - Complex

Family Medicare Charges: \$13,952,138
Family Private Payments: \$162,543
Percent of CPEP Medicare Charges: 2%
Percent of CPEP Private Payments: 1%

51000-Drainage of bladder	\$42,683	615	000	0%	4%	26%	11-INTERNAL MED (39%)	34-UROLOGY (23%)	88-UNKNOWN SUPPL (16%)
51005-Drainage of bladder	\$66,317	1,611	000	0%	2%	37%	01,08-GP/FP (39%)	34-UROLOGY (20%)	84-PREVENTIV MED (10%)
51010-Drainage of bladder	\$1,167,095	14,595	010	8%	19%	13%	34-UROLOGY (67%)	16-OB-GYNECOLOGY (18%)	01,08-GP/FP (4%)
51720-Treatment of bladder lesion	\$8,486,586	152,563	000	61%	51%	90%	34-UROLOGY (96%)	70-GROUP PRAC (1%)	83-HEMATOL/ONCOL (1%)
53620-Dilate urethra stricture	\$1,077,486	21,358	000	8%	12%	69%	34-UROLOGY (98%)	02-GNRL SURGERY (1%)	70-GROUP PRAC (1%)
53621-Dilate urethra stricture	\$663,951	15,233	000	5%	4%	94%	34-UROLOGY (97%)	01,08-GP/FP (1%)	70-GROUP PRAC (1%)
53660-Relieve bladder stricture	\$221,758	3,864	000	2%	.	48%	34-UROLOGY (94%)	01,08-GP/FP (3%)	70-GROUP PRAC (1%)
53675-Insert urinary catheter	\$2,246,262	47,463	000	16%	9%	44%	34-UROLOGY (77%)	93-EMERGENCY MED (9%)	01,08-GP/FP (5%)

216-Major Transurethral Procedure

Family Medicare Charges: \$156,245,446
Family Private Payments: \$2,552,423
Percent of CPEP Medicare Charges: 21%
Percent of CPEP Private Payments: 10%

52340-Cystoscopy and treatment	\$3,681,456	9,279	090	2%	3%	2%	34-UROLOGY (91%)	49-ASC (5%)	70-GROUP PRAC (2%)
52450-Incision of prostate	\$735,933	2,236	090	0%	.	1%	34-UROLOGY (90%)	05-ANESTHESIA (5%)	70-GROUP PRAC (3%)
52500-Revision of bladder neck	\$5,168,305	9,939	090	3%	3%	3%	34-UROLOGY (96%)	49-ASC (2%)	70-GROUP PRAC (1%)
52510-Dilation prostatic urethra	\$220,365	468	090	0%	3%	15%	34-UROLOGY (93%)	70-GROUP PRAC (2%)	01,08-GP/FP (2%)
52601-Prostatectomy (TURP)	\$140,306,016	169,877	090	90%	90%	1%	34-UROLOGY (98%)	70-GROUP PRAC (1%)	49-ASC (0%)
52606-Control postop bleeding	\$215,579	761	090	0%	.	4%	34-UROLOGY (96%)	70-GROUP PRAC (2%)	49-ASC (1%)
52612-Prostatectomy, first stage	\$266,180	485	090	0%	.	1%	34-UROLOGY (80%)	01,08-GP/FP (13%)	49-ASC (2%)
52614-Prostatectomy, second stage	\$166,969	364	090	0%	.	2%	34-UROLOGY (96%)	70-GROUP PRAC (1%)	01,08-GP/FP (1%)
52620-Remove residual prostate	\$406,498	1,075	090	0%	.	2%	34-UROLOGY (96%)	70-GROUP PRAC (2%)	49-ASC (1%)
52630-Remove prostate regrowth	\$3,486,294	4,416	090	2%	1%	1%	34-UROLOGY (95%)	70-GROUP PRAC (1%)	49-ASC (1%)
52640-Relieve bladder contracture	\$1,568,799	3,741	090	1%	1%	1%	34-UROLOGY (95%)	49-ASC (2%)	70-GROUP PRAC (1%)
52647-Laser surgery of prostate	.	.	090	.	.	.	(.)	(.)	(.)
52648-Laser surgery of prostate	.	.	090	.	.	.	(.)	(.)	(.)
52700-Drainage of prostate abscess	\$23,052	121	090	0%	.	27%	34-UROLOGY (75%)	01,08-GP/FP (20%)	02-GNRL SURGERY (1%)

220-Testicular and Epididymal Procedures

Family Medicare Charges: \$64,028,984
Family Private Payments: \$3,660,102
Percent of CPEP Medicare Charges: 9%
Percent of CPEP Private Payments: 15%

51500-Removal of bladder cyst	\$23,642	75	090	0%	.	7%	34-UROLOGY (36%)	02-GNRL SURGERY (33%)	16-OB-GYNECOLOGY (9%)
54505-Biopsy of testis	\$24,655	193	010	0%	0%	4%	34-UROLOGY (82%)	02-GNRL SURGERY (9%)	49-ASC (6%)
54510-Removal of testis lesion	\$45,836	213	090	0%	0%	6%	34-UROLOGY (73%)	02-GNRL SURGERY (16%)	49-ASC (6%)
54520-Removal of testis	\$13,799,142	34,029	090	22%	3%	2%	34-UROLOGY (90%)	49-ASC (5%)	02-GNRL SURGERY (3%)
54530-Removal of testis	\$1,365,150	2,520	090	2%	3%	1%	34-UROLOGY (79%)	02-GNRL SURGERY (7%)	49-ASC (6%)
54550-Exploration for testis	\$57,356	152	090	0%	1%	6%	34-UROLOGY (78%)	02-GNRL SURGERY (12%)	01,08-GP/FP (2%)
54600-Reduce testis torsion	\$8,477	27	090	0%	1%	4%	34-UROLOGY (85%)	02-GNRL SURGERY (11%)	01,08-GP/FP (4%)
54620-Suspension of testis	\$3,912	16	010	0%	.	0%	34-UROLOGY (88%)	02-GNRL SURGERY (6%)	93-EMERGENCY MED (6%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AlldChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
54640-Suspension of testis	\$169,870	318	090	0%	9%	1%	34-UROLOGY (75%)	02-GNRL SURGERY (14%)	49-ASC (7%)
54660-Revision of testis	\$6,316	33	090	0%	0%	15%	34-UROLOGY (94%)	01,08-GP/FP (3%)	49-ASC (3%)
54670-Repair testis injury	\$3,186	12	090	0%	0%	33%	34-UROLOGY (67%)	11-INTERNAL MED (17%)	70-GROUP PRAC (8%)
54680-Relocation of testis(es)	\$9,867	18	090	0%	0%	0%	34-UROLOGY (50%)	24-PLASTIC SURG (33%)	02-GNRL SURGERY (11%)
54700-Drainage of scrotum	\$150,596	1,480	010	0%	0%	31%	34-UROLOGY (70%)	02-GNRL SURGERY (19%)	01,08-GP/FP (5%)
54820-Exploration of epididymis	\$8,076	45	090	0%	0%	7%	34-UROLOGY (82%)	02-GNRL SURGERY (11%)	49-ASC (4%)
54830-Remove epididymis lesion	\$67,752	226	090	0%	0%	2%	34-UROLOGY (81%)	02-GNRL SURGERY (12%)	49-ASC (5%)
54840-Remove epididymis lesion	\$494,575	2,158	090	1%	2%	2%	34-UROLOGY (88%)	02-GNRL SURGERY (12%)	49-ASC (6%)
54860-Removal of epididymis	\$283,392	769	090	0%	1%	1%	34-UROLOGY (91%)	49-ASC (8%)	02-GNRL SURGERY (2%)
54861-Removal of epididymis	\$49,847	99	090	0%	0%	0%	34-UROLOGY (95%)	49-ASC (3%)	02-GNRL SURGERY (2%)
54900-Fusion of spermatic ducts	\$1,407	3	090	0%	0%	0%	34-UROLOGY (100%)	(.)	(.)
54901-Fusion of spermatic ducts	\$988	1	090	0%	0%	0%	34-UROLOGY (100%)	(.)	(.)
55040-Removal of hydrocele	\$2,410,451	6,974	090	4%	5%	1%	34-UROLOGY (82%)	02-GNRL SURGERY (15%)	49-ASC (5%)
55041-Removal of hydrocele	\$390,461	730	090	1%	1%	2%	34-UROLOGY (76%)	02-GNRL SURGERY (10%)	49-ASC (4%)
55060-Repair of hydrocele	\$177,836	585	090	0%	0%	4%	34-UROLOGY (70%)	02-GNRL SURGERY (19%)	49-ASC (5%)
55100-Drainage of scrotum abscess	\$58,637	790	010	0%	0%	40%	34-UROLOGY (76%)	02-GNRL SURGERY (11%)	01,08-GP/FP (6%)
55110-Explore scrotum	\$167,280	760	090	0%	1%	2%	34-UROLOGY (80%)	02-GNRL SURGERY (10%)	49-ASC (3%)
55120-Removal of scrotum lesion	\$29,351	165	090	0%	0%	19%	34-UROLOGY (74%)	02-GNRL SURGERY (12%)	01,08-GP/FP (7%)
55150-Removal of scrotum	\$156,348	454	090	0%	0%	2%	34-UROLOGY (73%)	02-GNRL SURGERY (17%)	01,08-GP/FP (2%)
55175-Revision of scrotum	\$24,793	112	090	0%	0%	9%	34-UROLOGY (66%)	05-ANESTHESIA (21%)	02-GNRL SURGERY (5%)
55180-Revision of scrotum	\$59,973	124	090	0%	0%	2%	34-UROLOGY (77%)	02-GNRL SURGERY (9%)	24-PLASTIC SURG (7%)
55200-Incision of sperm duct	\$7,991	57	090	0%	0%	56%	34-UROLOGY (86%)	13-NEUROLOGY (7%)	49-ASC (4%)
55250-Removal of sperm duct(s)	\$63,611	338	090	0%	46%	57%	34-UROLOGY (75%)	02-GNRL SURGERY (9%)	01,08-GP/FP (8%)
55300-Preparation, sperm duct x-ray	\$2,067	14	000	0%	0%	14%	34-UROLOGY (86%)	11-INTERNAL MED (7%)	28-COLORECTAL (7%)
55400-Repair of sperm duct	\$13,565	33	090	0%	4%	3%	34-UROLOGY (79%)	02-GNRL SURGERY (6%)	70-GROUP PRAC (6%)
55450-Ligation of sperm duct	\$908	6	010	0%	0%	33%	02-GNRL SURGERY (50%)	01,08-GP/FP (33%)	34-UROLOGY (17%)
55500-Removal of hydrocele	\$152,866	584	090	0%	0%	6%	34-UROLOGY (59%)	02-GNRL SURGERY (20%)	05-ANESTHESIA (10%)
55520-Removal of sperm cord lesion	\$326,548	1,739	090	1%	1%	1%	34-UROLOGY (73%)	34-UROLOGY (12%)	01,08-GP/FP (4%)
55530-Revise spermatic cord veins	\$70,204	252	090	0%	5%	1%	34-UROLOGY (58%)	02-GNRL SURGERY (17%)	05-ANESTHESIA (14%)
55535-Revise spermatic cord veins	\$17,393	62	090	0%	2%	2%	34-UROLOGY (81%)	02-GNRL SURGERY (15%)	01,08-GP/FP (2%)
55540-Revise hernia & sperm veins	\$60,170	174	090	0%	0%	1%	02-GNRL SURGERY (71%)	34-UROLOGY (14%)	01,08-GP/FP (5%)
55600-Incise sperm duct pouch	\$5,293	28	090	0%	0%	7%	34-UROLOGY (93%)	02-GNRL SURGERY (4%)	49-ASC (4%)
55605-Incise sperm duct pouch	\$2,496	11	090	0%	0%	27%	34-UROLOGY (55%)	16-OB-GYN (27%)	02-GNRL SURGERY (9%)
55650-Remove sperm duct pouch	\$449,669	1,340	090	1%	0%	1%	34-UROLOGY (93%)	02-GNRL SURGERY (4%)	11-INTERNAL MED (1%)
55680-Remove sperm pouch lesion	\$712	6	090	0%	0%	67%	01,08-GP/FP (33%)	11-INTERNAL MED (33%)	34-UROLOGY (33%)
55700-Biopsy of prostate	\$42,626,319	346,105	000	67%	14%	69%	34-UROLOGY (92%)	30-RADIOLOGY (3%)	49-ASC (2%)

224-Simple Penile Procedures
 Family Medicare Charges: \$4,707,280
 Family Private Payments: \$1,728,497
 Percent of CPEP Medicare Charges: 1%
 Percent of CPEP Private Payments: 7%

54000-Slitting of prepuce
 54001-Slitting of prepuce
 54015-Drain penis lesion
 54050-Destruction, penis lesion(s)
 54055-Destruction, penis lesion(s)
 54056-Cryosurgery, penis lesion(s)
 54057-Laser surg, penis lesion(s)
 54060-Excision of penis lesion(s)
 54065-Destruction, penis lesion(s)
 54100-Biopsy of penis
 54105-Biopsy of penis

02-GNRL SURGERY (6%)
 01,08-GP/FP (4%)
 02-GNRL SURGERY (6%)
 01,08-GP/FP (4%)
 07-DERMATOLOGY (36%)
 07-DERMATOLOGY (21%)
 01,08-GP/FP (8%)
 07-DERMATOLOGY (9%)
 02-GNRL SURGERY (8%)
 07-DERMATOLOGY (43%)
 07-DERMATOLOGY (26%)
 07-DERMATOLOGY (65%)
 49-ASC (4%)
 02-GNRL SURGERY (4%)
 01,08-GP/FP (5%)
 02-GNRL SURGERY (6%)
 02-GNRL SURGERY (6%)
 01,08-GP/FP (9%)
 07-DERMATOLOGY (21%)
 01,08-GP/FP (8%)
 02-GNRL SURGERY (9%)
 07-DERMATOLOGY (7%)
 70-GROUP PRAC (18%)
 07-DERMATOLOGY (26%)
 02-GNRL SURGERY (3%)
 49-ASC (2%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Allchgs	Pct. of Family PrivPmts	Pct. of Vol. in Office	Top Medicare Specialties (% of Procedure Volume)			
							First Specialty	Second Specialty	Third Specialty	
54150-Circumcision	\$2,202	35	010	0%	58%	20%	16-OB-GYNECOLOGY (46%)	34-UROLOGY (23%)	01-OB-GP/FP (17%)	
54152-Circumcision	\$74,822	583	010	2%	1%	7%	34-UROLOGY (57%)	02-GNRL SURGERY (20%)	01-OB-GP/FP (10%)	
54160-Circumcision	\$5,985	57	010	0%	5%	9%	34-UROLOGY (75%)	02-GNRL SURGERY (19%)	11-INTERNAL MED (4%)	
54161-Circumcision	\$2,569,163	14,777	010	55%	16%	65%	34-UROLOGY (85%)	02-GNRL SURGERY (6%)	49-ASC (5%)	
54200-Treatment of penis lesion	\$18,864	454	010	0%	0%	95%	34-UROLOGY (100%)	(.)	(.)	
54231-Dynamic cavernosometry	.	.	000	27%	2%	97%	34-UROLOGY (95%)	01-OB-GP/FP (2%)	70-GROUP PRAC (1%)	
54235-Penile injection	\$1,273,712	29,930	000	27%	2%	33%	34-UROLOGY (92%)	01-OB-GP/FP (3%)	02-GNRL SURGERY (2%)	
54450-Preputial stretching	\$50,603	910	000	1%	0%	11%	34-UROLOGY (89%)	02-GNRL SURGERY (7%)	13-NEUROLOGY (4%)	
55870-Electroejaculation	\$1,640	27	000	0%	.	.	.	.	.
228-Complex Penile Procedures							Percent of CPEP Medicare Charges:	0%		
Family Medicare Charges:							Percent of CPEP Private Payments:	1%		
Family Private Payments: \$144,315										
37788-Revascularization, penis	\$5,460	5	090	1%	.	0%	34-UROLOGY (80%)	02-GNRL SURGERY (20%)	(.)	
37790-Penile venous occlusion	.	144	090	5%	.	3%	34-UROLOGY (96%)	(.)	(.)	
54110-Treatment of penis lesion	\$42,884	59	090	3%	.	0%	34-UROLOGY (95%)	02-GNRL SURGERY (1%)	24-PLASTIC SURG (1%)	
54112-Treat penis lesion, graft	\$40,148	75	090	4%	.	0%	34-UROLOGY (88%)	70-GROUP PRAC (4%)	70-GROUP PRAC (2%)	
54115-Treatment of penis lesion	\$22,993	91	090	2%	.	15%	34-UROLOGY (91%)	49-ASC (3%)	24-PLASTIC SURG (3%)	
54120-Partial removal of penis	\$246,486	559	090	26%	.	2%	34-UROLOGY (89%)	02-GNRL SURGERY (4%)	01-OB-GP/FP (1%)	
54125-Removal of penis	\$121,643	191	090	13%	.	2%	34-UROLOGY (86%)	02-GNRL SURGERY (7%)	70-GROUP PRAC (3%)	
54130-Remove penis & nodes	\$21,832	25	090	2%	.	0%	34-UROLOGY (88%)	01-OB-GP/FP (4%)	01-OB-GP/FP (2%)	
54135-Remove penis & nodes	\$5,166	4	090	1%	.	25%	34-UROLOGY (100%)	(.)	(.)	
54205-Treatment of penis lesion	\$5,471	16	090	1%	.	6%	34-UROLOGY (100%)	(.)	(.)	
54220-Treatment of penis lesion	\$105,733	653	000	11%	.	22%	34-UROLOGY (77%)	49-ASC (20%)	02-GNRL SURGERY (1%)	
54300-Revision of penis	\$26,735	83	090	3%	15%	23%	34-UROLOGY (70%)	02-GNRL SURGERY (12%)	10-GASTROENTER (5%)	
54304-Revision of penis	\$16,517	28	090	2%	.	4%	34-UROLOGY (86%)	02-GNRL SURGERY (7%)	01-OB-GP/FP (4%)	
54308-Reconstruction of urethra	\$1,817	6	090	0%	.	67%	34-UROLOGY (50%)	11-INTERNAL MED (33%)	01-OB-GP/FP (17%)	
54312-Reconstruction of urethra	\$2,272	3	090	0%	.	0%	34-UROLOGY (100%)	(.)	(.)	
54316-Reconstruction of urethra	\$5,448	6	090	1%	.	0%	34-UROLOGY (83%)	02-GNRL SURGERY (17%)	(.)	
54318-Reconstruction of urethra	\$1,267	3	090	0%	.	33%	34-UROLOGY (67%)	02-GNRL SURGERY (33%)	(.)	
54322-Reconstruction of urethra	\$16,375	27	090	2%	50%	15%	34-UROLOGY (74%)	70-GROUP PRAC (11%)	01-OB-GP/FP (7%)	
54324-Reconstruction of urethra	\$7,157	9	090	1%	35%	0%	34-UROLOGY (67%)	24-PLASTIC SURG (22%)	02-GNRL SURGERY (11%)	
54326-Reconstruction of urethra	\$646	1	090	0%	.	0%	34-UROLOGY (100%)	(.)	(.)	
54328-Revise penis, urethra	\$6,406	11	090	1%	.	9%	34-UROLOGY (82%)	70-GROUP PRAC (9%)	87-ALL OTH SUPPL (9%)	
54332-Revise penis, urethra	\$12,021	15	090	1%	.	0%	34-UROLOGY (100%)	(.)	(.)	
54336-Revise penis, urethra	\$4,231	4	090	0%	.	0%	34-UROLOGY (75%)	70-GROUP PRAC (25%)	(.)	
54340-Secondary urethral surgery	\$7,245	17	090	1%	.	0%	34-UROLOGY (82%)	01-OB-GP/FP (6%)	02-GNRL SURGERY (6%)	
54344-Secondary urethral surgery	\$8,119	10	090	1%	.	10%	34-UROLOGY (80%)	16-OB-GYNECOLOGY (10%)	70-GROUP PRAC (10%)	
54348-Secondary urethral surgery	\$2,735	3	090	0%	.	0%	34-UROLOGY (100%)	(.)	(.)	
54352-Reconstruct urethra, penis	\$5,078	5	090	1%	.	0%	34-UROLOGY (100%)	(.)	(.)	
54360-Penis plastic surgery	\$90,032	234	090	9%	.	2%	34-UROLOGY (93%)	01-OB-GP/FP (1%)	24-PLASTIC SURG (1%)	
54380-Repair penis	\$2,670	5	090	0%	.	0%	10-GASTROENTER (60%)	02-GNRL SURGERY (20%)	34-UROLOGY (20%)	
54385-Repair penis	\$4,924	7	090	1%	.	0%	02-GNRL SURGERY (71%)	10-GASTROENTER (14%)	11-INTERNAL MED (14%)	
54390-Repair penis and bladder	\$240	1	090	0%	.	0%	05-ANESTHESIA (100%)	(.)	(.)	
54420-Revision of penis	\$5,541	13	090	1%	.	8%	34-UROLOGY (92%)	02-GNRL SURGERY (8%)	(.)	
54430-Revision of penis	\$21,902	39	090	2%	.	0%	34-UROLOGY (97%)	11-INTERNAL MED (3%)	(.)	
54435-Revision of penis	\$23,499	76	090	2%	.	3%	34-UROLOGY (93%)	70-GROUP PRAC (5%)	49-ASC (1%)	
54440-Repair of penis	\$32,068	72	090	3%	.	1%	34-UROLOGY (94%)	01-OB-GP/FP (1%)	02-GNRL SURGERY (1%)	

232-Insertion of Penile Prosthesis

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1993 MC Allowed Charges
 1993 MC Units of Service
 Pct. of Family AlldChgs
 Pct. of Family PrivPmts
 Pct. in OFFICE

Procedure
 Family Medicare Charges
 Family Private Payments
 Percent of CPEP Medicare Charges
 Percent of CPEP Private Payments

First Specialty
 Second Specialty
 Third Specialty

53440-Correct bladder function	\$107,124	124	090	1%	6%	34-UROLOGY (88%)	70-GROUP PRAC (6%)	97-PHYS ASSISTANT (3%)
53445-Correct urine flow control	\$2,208,327	1,957	090	14%	1%	34-UROLOGY (93%)	02-GHRL SURGERY (2%)	70-GROUP PRAC (1%)
53447-Remove artificial sphincter	\$512,682	823	090	3%	2%	34-UROLOGY (93%)	02-GHRL SURGERY (3%)	70-GROUP PRAC (1%)
53449-Correct artificial sphincter	\$37,474	76	090	0%	3%	34-UROLOGY (93%)	01,08-GP/FP (1%)	02-GHRL SURGERY (3%)
54400-Insert semi-rigid prosthesis	\$1,946,789	2,535	090	12%	8%	34-UROLOGY (91%)	02-GHRL SURGERY (3%)	02-GHRL SURGERY (3%)
54401-Insert self-contd prosthesis	\$1,467,415	1,478	090	9%	2%	34-UROLOGY (91%)	02-GHRL SURGERY (2%)	70-GROUP PRAC (1%)
54402-Remove penis prosthesis	\$383,136	930	090	2%	3%	34-UROLOGY (94%)	02-GHRL SURGERY (2%)	70-GROUP PRAC (1%)
54405-Insert multi-comp prosthesis	\$7,937,115	6,783	090	4%	73%	34-UROLOGY (91%)	02-GHRL SURGERY (3%)	01,08-GP/FP (3%)
54407-Remove multi-comp prosthesis	\$1,513,375	2,191	090	9%	8%	34-UROLOGY (93%)	02-GHRL SURGERY (3%)	01,08-GP/FP (1%)
54409-Revise penis prosthesis	\$110,199	169	090	1%	4%	34-UROLOGY (95%)	02-GHRL SURGERY (3%)	01,08-GP/FP (1%)

236-Urinary Tract Biopsy	\$4,026,856	\$96,390	1%	0%	0%			
Family Medicare Charges:	\$4,026,856							
Family Private Payments:	\$96,390							
Percent of CPEP Medicare Charges:	1%							
Percent of CPEP Private Payments:	0%							
50200-Biopsy of kidney	\$2,923,490	15,753	000	73%	85%	30-RADIOLOGY (36%)	39-NEPHROLOGY (34%)	11-INTERNAL MED (8%)
50390-Drainage of kidney lesion	\$806,588	7,051	000	20%	10%	30-RADIOLOGY (87%)	70-GROUP PRAC (4%)	94-INTERVEN RAD (4%)
54500-Biopsy of testis	\$4,854	94	000	0%	2%	34-UROLOGY (90%)	01,08-GP/FP (3%)	02-GHRL SURGERY (3%)
54800-Biopsy of epididymis	\$1,328	17	000	0%	29%	34-UROLOGY (71%)	01,08-GP/FP (18%)	02-GHRL SURGERY (6%)
55000-Drainage of hydrocele	\$278,501	6,496	000	7%	5%	34-UROLOGY (59%)	01,08-GP/FP (20%)	02-GHRL SURGERY (17%)
74470-X-ray exam of kidney lesion	\$12,095	361	XXX	0%	10%	30-RADIOLOGY (83%)	34-UROLOGY (4%)	94-INTERVEN RAD (4%)

240-Renal/Urinary Tract Endoscopy	\$179,949		0%	0%	0%			
Family Medicare Charges:	\$179,949							
Family Private Payments:								
Percent of CPEP Medicare Charges:	0%							
Percent of CPEP Private Payments:	0%							
50570-Kidney endoscopy	\$17,550	84	000	10%	8%	34-UROLOGY (93%)	11-INTERNAL MED (4%)	10-GASTROENTER (2%)
50572-Kidney endoscopy	\$26,068	92	000	14%	8%	34-UROLOGY (48%)	88-UNKNOWN SUPPL (22%)	30-RADIOLOGY (20%)
50574-Kidney endoscopy & biopsy	\$6,129	13	000	3%	0%	34-UROLOGY (77%)	30-RADIOLOGY (15%)	39-NEPHROLOGY (8%)
50575-Kidney endoscopy			000					
50576-Kidney endoscopy & treatment	\$16,298	30	000	9%	0%	34-UROLOGY (97%)	70-GROUP PRAC (3%)	
50578-Renal endoscopy; radiotracer	\$344	1	000	0%	0%	34-UROLOGY (100%)		
50580-Kidney endoscopy & treatment	\$34,297	86	000	19%	13%	34-UROLOGY (88%)	30-RADIOLOGY (6%)	01,08-GP/FP (1%)
50970-Ureter endoscopy	\$21,752	104	000	12%	25%	34-UROLOGY (72%)	01,08-GP/FP (18%)	11-INTERNAL MED (3%)
50972-Ureter endoscopy & catheter	\$16,290	97	000	9%	21%	34-UROLOGY (77%)	11-INTERNAL MED (11%)	16-OB-GYNECOLOGY (6%)
50974-Ureter endoscopy & biopsy	\$8,001	19	000	4%	5%	34-UROLOGY (89%)	30-RADIOLOGY (11%)	
50976-Ureter endoscopy & treatment	\$10,092	27	000	6%	11%	34-UROLOGY (81%)	16-OB-GYNECOLOGY (11%)	49-ASC (7%)
50978-Ureter endoscopy & tracer	\$440	2	000	0%	0%	34-UROLOGY (100%)		
50980-Ureter endoscopy & treatment	\$22,488	85	000	12%	7%	34-UROLOGY (93%)	30-RADIOLOGY (2%)	70-GROUP PRAC (2%)

244-Simple Cystourethroscopy	\$125,526,586	\$3,299,097	17%	13%				
Family Medicare Charges:	\$125,526,586							
Family Private Payments:	\$3,299,097							
Percent of CPEP Medicare Charges:	17%							
Percent of CPEP Private Payments:	13%							
52000-Cystoscopy	\$95,368,076	807,100	000	76%	73%	34-UROLOGY (95%)	49-ASC (2%)	70-GROUP PRAC (2%)
52265-Cystoscopy & treatment	\$339,080	2,673	000	0%	0%	34-UROLOGY (97%)	16-OB-GYNECOLOGY (2%)	02-GHRL SURGERY (0%)
52281-Cystoscopy and treatment	\$26,732,637	142,610	000	21%	23%	34-UROLOGY (95%)	49-ASC (3%)	70-GROUP PRAC (1%)
52285-Cystoscopy and treatment	\$3,066,793	13,482	000	2%	3%	34-UROLOGY (94%)	49-ASC (2%)	16-OB-GYNECOLOGY (1%)
60025-Collagen skin test kit			XXX					

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Allchgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
248-Moderate Cystourethroscopy									
Family Medicare Charges: \$43,176,233									
Family Private Payments: \$1,654,575									
	Percent of CPEP Medicare Charges: 6%								
	Percent of CPEP Private Payments: 7%								
52005-Cystoscopy & ureter catheter	\$12,744,512	85,758	000	30%	36%	10%	34-UROLOGY (94%)	49-ASC (3%)	70-GROUP PRAC (1%)
52007-Cystoscopy and biopsy	\$288,372	1,534	000	1%	1%	6%	34-UROLOGY (93%)	49-ASC (2%)	70-GROUP PRAC (2%)
52010-Cystoscopy & duct catheter	\$49,896	297	000	0%		34%	34-UROLOGY (77%)	49-ASC (13%)	01-08-GP/FP (5%)
52204-Cystoscopy	\$6,652,706	41,062	000	15%	11%	16%	34-UROLOGY (92%)	49-ASC (3%)	70-GROUP PRAC (2%)
52214-Cystoscopy and treatment	\$2,495,122	10,414	000	6%	3%	14%	34-UROLOGY (92%)	49-ASC (4%)	70-GROUP PRAC (2%)
52224-Cystoscopy and treatment	\$4,160,097	18,513	000	10%	7%	12%	34-UROLOGY (93%)	49-ASC (4%)	70-GROUP PRAC (2%)
52260-Cystoscopy & treatment	\$825,579	4,683	000	2%	4%	8%	34-UROLOGY (91%)	49-ASC (5%)	02-GNRL SURGERY (2%)
52270-Cystoscopy & revise urethra	\$402,269	1,370	000	1%	2%	2%	34-UROLOGY (90%)	49-ASC (4%)	11-INTERNAL MED (2%)
52275-Cystoscopy & revise urethra	\$1,191,516	3,516	000	3%	2%	2%	34-UROLOGY (91%)	49-ASC (6%)	70-GROUP PRAC (2%)
52276-Cystoscopy and treatment	\$5,567,888	16,981	000	13%	11%	7%	34-UROLOGY (95%)	49-ASC (3%)	70-GROUP PRAC (1%)
52283-Cystoscopy and treatment	\$60,749	673	000	0%		7%	34-UROLOGY (93%)	49-ASC (2%)	39-NEPHROLOGY (1%)
52290-Cystoscopy and treatment	\$93,635	631	000	0%	1%	3%	34-UROLOGY (96%)	49-ASC (3%)	70-GROUP PRAC (1%)
52300-Cystoscopy and treatment	\$49,764	208	000	0%		6%	34-UROLOGY (95%)	49-ASC (2%)	02-GNRL SURGERY (1%)
52305-Cystoscopy and treatment	\$89,542	423	000	0%		4%	34-UROLOGY (96%)	49-ASC (2%)	70-GROUP PRAC (1%)
52310-Cystoscopy and treatment	\$7,703,186	36,460	000	18%	22%	4%	34-UROLOGY (95%)	49-ASC (2%)	70-GROUP PRAC (2%)
52315-Cystoscopy and treatment	\$801,380	2,466	000	2%	2%	1%	34-UROLOGY (94%)	49-ASC (3%)	70-GROUP PRAC (1%)
52327-Cystoscopy, inject material			000				(.)	(.)	(.)
252-Urinary Tract Motility Studies - Simple									
Family Medicare Charges: \$2,072,854									
Family Private Payments: \$71,947									
	Percent of CPEP Medicare Charges: 0%								
	Percent of CPEP Private Payments: 0%								
50396-Measure kidney pressure	\$11,499	161	000	1%		2%	30-RADIOLOGY (73%)	34-UROLOGY (11%)	94-INTERVEN RAD (6%)
50686-Measure ureter pressure	\$2,127	83	000	0%		88%	34-UROLOGY (82%)	01-08-GP/FP (8%)	11-INTERNAL MED (4%)
51725-Simple cystometrogram	\$1,506,204	27,481	000	73%	79%	49%	34-UROLOGY (88%)	16-08-GYNECOLOGY (5%)	49-ASC (2%)
51736-Urine flow measurement	\$553,024	20,180	000	27%	21%	82%	34-UROLOGY (94%)	16-08-GYNECOLOGY (2%)	70-GROUP PRAC (1%)
256-Urinary Tract Motility Studies - Complex									
Family Medicare Charges: \$26,348,886									
Family Private Payments: \$640,175									
	Percent of CPEP Medicare Charges: 4%								
	Percent of CPEP Private Payments: 3%								
51726-Complex cystometrogram	\$7,616,089	113,883	000	29%	36%	51%	34-UROLOGY (90%)	16-08-GYNECOLOGY (4%)	70-GROUP PRAC (2%)
51741-Electro-uroflowmetry, first	\$11,692,783	239,576	000	44%	25%	91%	34-UROLOGY (96%)	16-08-GYNECOLOGY (2%)	70-GROUP PRAC (1%)
51772-Urethra pressure profile	\$744,370	19,942	000	3%	6%	59%	34-UROLOGY (76%)	16-08-GYNECOLOGY (16%)	70-GROUP PRAC (3%)
51784-Anal/urinary muscle study			000				(.)	(.)	(.)
51785-Anal/urinary muscle study	\$2,576,149	53,831	000	10%	10%	51%	34-UROLOGY (78%)	16-08-GYNECOLOGY (5%)	11-INTERNAL MED (4%)
51792-Urinary reflex study	\$75,370	926	000	0%		68%	34-UROLOGY (60%)	16-08-GYNECOLOGY (18%)	25-PHYSICL-REHAB (12%)
51795-Urine voiding pressure study	\$1,148,533	21,049	000	4%	5%	67%	34-UROLOGY (88%)	16-08-GYNECOLOGY (7%)	70-GROUP PRAC (2%)
51797-Intraabdominal pressure test	\$472,400	15,095	000	2%	3%	61%	34-UROLOGY (87%)	16-08-GYNECOLOGY (5%)	25-PHYSICL-REHAB (3%)
54240-Penis study	\$947,793	13,967	000	4%	8%	87%	34-UROLOGY (67%)	01-08-GP/FP (10%)	11-INTERNAL MED (7%)
54250-Penis study	\$1,075,399	15,046	000	4%	9%	89%	34-UROLOGY (83%)	01-08-GP/FP (7%)	11-INTERNAL MED (5%)
260-Major Procedure - Renal									
Family Medicare Charges: \$30,414,046									
Family Private Payments: \$855,279									
	Percent of CPEP Medicare Charges: 4%								
	Percent of CPEP Private Payments: 3%								
50010-Exploration of kidney	\$262,182	520	090	1%		1%	34-UROLOGY (72%)	02-GNRL SURGERY (19%)	33-THORACIC SURG (3%)
50020-Drainage of kidney abscess	\$463,537	817	090	2%		3%	30-RADIOLOGY (59%)	34-UROLOGY (17%)	02-GNRL SURGERY (14%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDchs	Pct. of Family PrivPmts	Pct. in OFFICE	First Specialty	Second Specialty	Third Specialty
50040-Drainage of kidney	\$362,785	621	090	1%	3%	3%	34-UROLOGY (52%)	30-RADIOLOGY (37%)	02-GNRL SURGERY (5%)
50045-Exploration of kidney	\$29,660	52	090	0%	0%	0%	34-UROLOGY (56%)	02-GNRL SURGERY (15%)	70-GROUP PRAC (13%)
50060-Removal of kidney stone	\$143,506	178	090	0%	2%	2%	34-UROLOGY (81%)	02-GNRL SURGERY (8%)	01,08-GP/FP (4%)
50065-Incision of kidney	\$14,719	15	090	0%	0%	0%	34-UROLOGY (87%)	02-GNRL SURGERY (7%)	70-GROUP PRAC (7%)
50070-Incision of kidney	\$6,362	10	090	0%	0%	0%	34-UROLOGY (100%)	(.)	(.)
50075-Removal of kidney stone	\$149,865	158	090	0%	1%	1%	34-UROLOGY (82%)	02-GNRL SURGERY (12%)	01,08-GP/FP (3%)
50080-Removal of kidney stone	\$810,835	899	090	3%	7%	1%	34-UROLOGY (78%)	30-RADIOLOGY (13%)	70-GROUP PRAC (3%)
50081-Removal of kidney stone	\$942,935	933	090	3%	6%	1%	34-UROLOGY (86%)	70-GROUP PRAC (11%)	30-RADIOLOGY (2%)
50100-Revision kidney blood vessels	\$13,317	33	090	0%	12%	12%	02-GNRL SURGERY (30%)	77-VASCULAR SURG (18%)	33-THORACIC SURG (12%)
50120-Exploration of kidney	\$53,738	94	090	0%	0%	0%	34-UROLOGY (72%)	02-GNRL SURGERY (9%)	16-OB-GYNECOLOGY (9%)
50125-Explore and drain kidney	\$10,323	13	090	0%	0%	0%	34-UROLOGY (100%)	(.)	(.)
50130-Removal of kidney stone	\$289,033	447	090	1%	1%	0%	34-UROLOGY (89%)	02-GNRL SURGERY (5%)	01,08-GP/FP (2%)
50135-Exploration of kidney	\$86,519	103	090	0%	0%	0%	34-UROLOGY (83%)	02-GNRL SURGERY (14%)	70-GROUP PRAC (2%)
50205-Exploration of kidney	\$484,524	1,124	090	2%	3%	0%	34-UROLOGY (50%)	02-GNRL SURGERY (35%)	70-GROUP PRAC (5%)
50220-Removal of kidney	\$3,649,902	5,407	090	12%	16%	1%	34-UROLOGY (70%)	02-GNRL SURGERY (19%)	70-GROUP PRAC (2%)
50225-Removal of kidney	\$603,692	709	090	2%	2%	2%	34-UROLOGY (82%)	02-GNRL SURGERY (13%)	33-THORACIC SURG (2%)
50230-Removal of kidney	\$13,079,713	13,706	090	43%	56%	1%	34-UROLOGY (81%)	02-GNRL SURGERY (11%)	05-ANESTHESIA (2%)
50234-Removal of kidney & ureter	\$2,214,403	2,479	090	7%	7%	1%	34-UROLOGY (86%)	02-GNRL SURGERY (10%)	70-GROUP PRAC (2%)
50236-Removal of kidney & ureter	\$1,498,121	1,624	090	5%	5%	1%	34-UROLOGY (86%)	02-GNRL SURGERY (9%)	01,08-GP/FP (2%)
50240-Partial removal of kidney	\$990,196	1,118	090	3%	3%	1%	34-UROLOGY (79%)	02-GNRL SURGERY (11%)	70-GROUP PRAC (2%)
50280-Removal of kidney lesion	\$366,898	614	090	1%	1%	1%	34-UROLOGY (77%)	02-GNRL SURGERY (16%)	70-GROUP PRAC (2%)
50290-Removal of kidney lesion	\$21,353	49	090	0%	10%	10%	02-GNRL SURGERY (43%)	34-UROLOGY (41%)	01,08-GP/FP (10%)
50320-Removal of donor kidney	\$1,819,605	1,209	090	6%	0%	0%	34-UROLOGY (51%)	02-GNRL SURGERY (38%)	70-GROUP PRAC (5%)
50340-Removal of kidney	\$118,393	136	090	0%	0%	0%	02-GNRL SURGERY (46%)	34-UROLOGY (28%)	70-GROUP PRAC (9%)
50370-Remove transplanted kidney	\$1,066,381	1,425	090	4%	0%	0%	02-GNRL SURGERY (58%)	34-UROLOGY (25%)	70-GROUP PRAC (8%)
50380-Reimplantation of kidney	\$49,367	99	090	0%	1%	1%	02-GNRL SURGERY (36%)	70-GROUP PRAC (34%)	34-UROLOGY (16%)
50400-Revision of kidney/ureter	\$522,657	708	090	2%	13%	1%	34-UROLOGY (82%)	02-GNRL SURGERY (8%)	30-RADIOLOGY (3%)
50405-Revision of kidney/ureter	\$214,143	228	090	1%	1%	1%	34-UROLOGY (83%)	02-GNRL SURGERY (9%)	01,08-GP/FP (4%)
50500-Repair of kidney wound	\$45,992	65	090	0%	0%	0%	02-GNRL SURGERY (46%)	34-UROLOGY (31%)	01,08-GP/FP (6%)
50520-Close kidney-skin fistula	\$8,566	11	090	0%	0%	0%	34-UROLOGY (45%)	02-GNRL SURGERY (27%)	04-OTOLARYNG (27%)
50525-Repair renal-abdomen fistula	\$4,476	6	090	0%	0%	0%	34-UROLOGY (50%)	02-GNRL SURGERY (17%)	19-ORAL SURGERY (17%)
50526-Repair renal-abdomen fistula			090	0%	0%	0%	(.)	(.)	(.)
50540-Revision of horseshoe kidney	\$16,350	32	090	0%	22%	22%	34-UROLOGY (53%)	02-GNRL SURGERY (19%)	01,08-GP/FP (13%)

264-Major Procedure -Urinary tract except kidney

Family Medicare Charges:\$115,769,746 Percent of CPEP Medicare Charges: 16%

Family Private Payments: \$3,445,803 Percent of CPEP Private Payments: 16%

50600-Exploration of ureter	\$176,145	326	090	0%	0%	0%	34-UROLOGY (75%)	02-GNRL SURGERY (10%)	16-OB-GYNECOLOGY (7%)
50605-Insert ureteral support	\$131,169	441	090	0%	4%	4%	34-UROLOGY (62%)	05-ANESTHESIA (19%)	02-GNRL SURGERY (10%)
50610-Removal of ureter stone	\$324,489	541	090	0%	12%	12%	34-UROLOGY (77%)	02-GNRL SURGERY (8%)	20-ORTHOPED SURG (5%)
50620-Removal of ureter stone	\$178,256	301	090	0%	0%	0%	34-UROLOGY (84%)	02-GNRL SURGERY (9%)	01,08-GP/FP (2%)
50630-Removal of ureter stone	\$407,070	626	090	0%	1%	1%	34-UROLOGY (85%)	02-GNRL SURGERY (9%)	01,08-GP/FP (2%)
50650-Removal of ureter	\$364,320	719	090	0%	0%	0%	34-UROLOGY (83%)	02-GNRL SURGERY (9%)	01,08-GP/FP (2%)
50660-Removal of ureter	\$57,638	94	090	0%	0%	0%	34-UROLOGY (82%)	02-GNRL SURGERY (7%)	01,08-GP/FP (2%)
50700-Revision of ureter	\$228,666	339	090	0%	9%	9%	34-UROLOGY (54%)	30-RADIOLOGY (15%)	16-OB-GYNECOLOGY (3%)
50715-Release of ureter	\$1,111,951	1,687	090	1%	2%	2%	16-OB-GYNECOLOGY (36%)	02-GNRL SURGERY (53%)	02-GNRL SURGERY (16%)
50722-Release of ureter	\$16,304	34	090	0%	0%	0%	16-OB-GYNECOLOGY (50%)	02-GNRL SURGERY (21%)	34-UROLOGY (21%)
50725-Release/revise ureter	\$9,365	18	090	0%	0%	0%	34-UROLOGY (50%)	02-GNRL SURGERY (39%)	01,08-GP/FP (11%)
50727-Revise ureter	\$34,425	114	090	0%	2%	2%	34-UROLOGY (84%)	02-GNRL SURGERY (10%)	16-OB-GYNECOLOGY (2%)
50728-Revise ureter	\$27,943	67	090	0%	0%	0%	34-UROLOGY (73%)	02-GNRL SURGERY (19%)	70-GROUP PRAC (3%)
50740-Fusion of ureter & kidney	\$62,533	83	090	0%	1%	1%	34-UROLOGY (55%)	02-GNRL SURGERY (36%)	16-OB-GYNECOLOGY (2%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Alltdhgs	Pct. of Family PrivPmts	Pct. of Office	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
50750-Fusion of ureter & kidney	\$3,719	4	090	0%	0%	0%	34-UROLOGY (75%)	30-RADIOLOGY (25%)	(.)
50760-Fusion of ureters	\$445,727	567	090	0%	0%	1%	34-UROLOGY (70%)	02-GNRL SURGERY (18%)	16-OB-GYNECOLOGY (3%)
50770-Splicing of ureters	\$74,259	92	090	0%	0%	2%	34-UROLOGY (74%)	02-GNRL SURGERY (8%)	11-INTERNAL MED (5%)
50780-Reimplant ureter in bladder	\$1,465,685	1,789	090	1%	6%	5%	34-UROLOGY (72%)	02-GNRL SURGERY (18%)	70-GROUP PRAC (3%)
50782-Reimplant ureter in bladder	\$9,011	27	090	0%	0%	0%	34-UROLOGY (41%)	01,08-GP/FP (22%)	11-INTERNAL MED (15%)
50783-Reimplant ureter in bladder	\$14,463	19	090	0%	0%	0%	34-UROLOGY (89%)	01,08-GP/FP (5%)	91-SURG ONCOLOGY (5%)
50785-Reimplant ureter in bladder	\$375,895	421	090	0%	0%	0%	34-UROLOGY (76%)	02-GNRL SURGERY (16%)	16-OB-GYNECOLOGY (3%)
50800-Implant ureter in bowel	\$195,908	299	090	0%	0%	3%	34-UROLOGY (78%)	02-GNRL SURGERY (14%)	01,08-GP/FP (3%)
50810-Fusion of ureter & bowel	\$15,332	34	090	0%	0%	4%	34-UROLOGY (29%)	07-DERMATOLOGY (21%)	02-GNRL SURGERY (15%)
50815-Urine shunt to bowel	\$118,320	117	090	0%	0%	0%	34-UROLOGY (73%)	02-GNRL SURGERY (9%)	70-GROUP PRAC (6%)
50820-Construct bowel bladder	\$1,701,574	1,547	090	1%	0%	1%	34-UROLOGY (68%)	02-GNRL SURGERY (24%)	16-OB-GYNECOLOGY (2%)
50825-Construct bowel bladder	\$328,271	225	090	0%	0%	2%	34-UROLOGY (81%)	16-OB-GYNECOLOGY (8%)	02-GNRL SURGERY (7%)
50830-Revise urine flow	\$108,267	98	090	0%	0%	2%	34-UROLOGY (68%)	02-GNRL SURGERY (17%)	70-GROUP PRAC (5%)
50840-Replace ureter by bowel	\$43,787	48	090	0%	0%	2%	34-UROLOGY (81%)	16-OB-GYNECOLOGY (6%)	02-GNRL SURGERY (4%)
50860-Transplant ureter to skin	\$83,858	120	090	0%	0%	0%	34-UROLOGY (83%)	02-GNRL SURGERY (12%)	01,08-GP/FP (1%)
50900-Repair of ureter	\$67,844	116	090	0%	0%	0%	34-UROLOGY (60%)	02-GNRL SURGERY (28%)	01,08-GP/FP (3%)
50920-Closure ureter/skin fistula	\$5,025	10	090	0%	0%	0%	34-UROLOGY (90%)	91-SURG ONCOLOGY (10%)	(.)
50930-Closure ureter/bowel fistula	\$7,180	14	090	0%	0%	0%	34-UROLOGY (43%)	02-GNRL SURGERY (36%)	30-RADIOLOGY (14%)
50940-Release of ureter	\$10,117	23	090	0%	0%	4%	34-UROLOGY (70%)	02-GNRL SURGERY (13%)	16-OB-GYNECOLOGY (8%)
51020-Incise & treat bladder	\$138,422	360	090	0%	0%	4%	34-UROLOGY (76%)	02-GNRL SURGERY (8%)	16-OB-GYNECOLOGY (13%)
51030-Incise & treat bladder	\$19,758	78	090	0%	0%	5%	34-UROLOGY (46%)	01,08-GP/FP (28%)	11-INTERNAL MED (5%)
51040-Incise & drain bladder	\$3,945,908	9,658	090	3%	2%	2%	34-UROLOGY (79%)	16-OB-GYNECOLOGY (11%)	02-GNRL SURGERY (5%)
51045-Incise bladder, drain ureter	\$329,731	1,084	090	0%	0%	14%	34-UROLOGY (56%)	16-OB-GYNECOLOGY (20%)	02-GNRL SURGERY (6%)
51050-Removal of bladder stone	\$876,599	2,391	090	1%	0%	1%	34-UROLOGY (89%)	02-GNRL SURGERY (4%)	05-ANESTHESIA (3%)
51060-Removal of ureter stone	\$35,264	72	090	0%	0%	4%	34-UROLOGY (83%)	02-GNRL SURGERY (8%)	16-OB-GYNECOLOGY (3%)
51065-Removal of ureter stone	\$89,638	183	090	0%	0%	2%	34-UROLOGY (98%)	05-ANESTHESIA (1%)	30-RADIOLOGY (1%)
51080-Drainage of bladder abscess	\$42,848	151	090	0%	0%	6%	34-UROLOGY (62%)	02-GNRL SURGERY (15%)	30-RADIOLOGY (10%)
51520-Removal of bladder lesion	\$80,893	180	090	0%	0%	2%	34-UROLOGY (85%)	02-GNRL SURGERY (8%)	16-OB-GYNECOLOGY (4%)
51525-Removal of bladder lesion	\$462,680	818	090	0%	0%	1%	34-UROLOGY (85%)	02-GNRL SURGERY (9%)	01,08-GP/FP (3%)
51530-Removal of bladder lesion	\$145,189	291	090	0%	0%	1%	34-UROLOGY (70%)	02-GNRL SURGERY (17%)	16-OB-GYNECOLOGY (5%)
51535-Repair of ureter lesion	\$35,030	97	090	0%	0%	0%	34-UROLOGY (45%)	16-OB-GYNECOLOGY (30%)	01,08-GP/FP (9%)
51550-Partial removal of bladder	\$1,047,638	2,024	090	1%	0%	1%	34-UROLOGY (65%)	02-GNRL SURGERY (27%)	16-OB-GYNECOLOGY (2%)
51555-Partial removal of bladder	\$696,051	954	090	1%	0%	1%	34-UROLOGY (69%)	02-GNRL SURGERY (21%)	01,08-GP/FP (4%)
51565-Revise bladder & ureter(s)	\$261,641	309	090	0%	0%	0%	34-UROLOGY (83%)	02-GNRL SURGERY (11%)	01,08-GP/FP (2%)
51570-Removal of bladder	\$279,339	336	090	0%	0%	1%	34-UROLOGY (78%)	02-GNRL SURGERY (14%)	01,08-GP/FP (2%)
51575-Removal of bladder & nodes	\$430,051	347	090	0%	0%	1%	34-UROLOGY (85%)	02-GNRL SURGERY (10%)	01,08-GP/FP (2%)
51580-Remove bladder; revise tract	\$71,652	70	090	0%	0%	14%	34-UROLOGY (74%)	01,08-GP/FP (10%)	11-INTERNAL MED (7%)
51585-Removal of bladder & nodes	\$174,513	137	090	0%	0%	2%	34-UROLOGY (87%)	02-GNRL SURGERY (9%)	11-INTERNAL MED (1%)
51590-Remove bladder; revise tract	\$2,391,826	1,831	090	2%	0%	0%	34-UROLOGY (82%)	02-GNRL SURGERY (11%)	05-ANESTHESIA (3%)
51595-Remove bladder; revise tract	\$6,298,048	3,827	090	5%	4%	0%	34-UROLOGY (85%)	02-GNRL SURGERY (8%)	70-GROUP PRAC (2%)
51596-Remove bladder, create pouch	\$1,413,395	731	090	1%	0%	1%	34-UROLOGY (85%)	02-GNRL SURGERY (7%)	70-GROUP PRAC (5%)
51597-Removal of pelvic structures	\$1,366,067	773	090	1%	0%	1%	34-UROLOGY (67%)	02-GNRL SURGERY (21%)	16-OB-GYNECOLOGY (2%)
51800-Revision of bladder/urethra	\$545,841	837	090	0%	1%	4%	34-UROLOGY (68%)	16-OB-GYNECOLOGY (14%)	02-GNRL SURGERY (10%)
51820-Revision of urinary tract	\$35,732	11,104	090	0%	0%	15%	16-OB-GYNECOLOGY (49%)	34-UROLOGY (23%)	01,08-GP/FP (11%)
51840-Attach bladder/urethra	\$5,330,661	11,704	090	5%	1%	1%	16-OB-GYNECOLOGY (42%)	34-UROLOGY (41%)	02-GNRL SURGERY (8%)
51841-Attach bladder/urethra	\$1,619,211	2,746	090	1%	4%	3%	34-UROLOGY (49%)	16-OB-GYNECOLOGY (38%)	02-GNRL SURGERY (7%)
51845-Repair bladder neck	\$10,458,700	16,287	090	9%	18%	1%	34-UROLOGY (40%)	16-OB-GYNECOLOGY (12%)	01,08-GP/FP (2%)
51860-Repair of bladder wound	\$346,923	853	090	0%	1%	1%	34-UROLOGY (47%)	02-GNRL SURGERY (34%)	16-OB-GYNECOLOGY (7%)
51865-Repair of bladder wound	\$334,348	503	090	0%	0%	0%	34-UROLOGY (65%)	02-GNRL SURGERY (24%)	16-OB-GYNECOLOGY (5%)
51880-Repair of bladder opening	\$32,915	124	090	0%	0%	5%	34-UROLOGY (62%)	16-OB-GYNECOLOGY (17%)	02-GNRL SURGERY (9%)
51900-Repair bladder/vagina lesion	\$69,462	117	090	0%	0%	2%	34-UROLOGY (56%)	16-OB-GYNECOLOGY (15%)	16-OB-GYNECOLOGY (12%)
51920-Close bladder-uterus fistula	\$2,549	9	090	0%	0%	11%	34-UROLOGY (44%)	01,08-GP/FP (22%)	02-GNRL SURGERY (11%)

1993 MC Allowed Charges 1993 MC Units of Service Global Period Pct. of Family AllChgs Pct. of Family Privmts Pct. of Vol. in OFFICE

First Specialty Second Specialty Third Specialty

Procedure

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family Privmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
51940-Correction of bladder defect	\$6,069	13	090	0%	-	54%	34-UROLOGY (31%)	70-GROUP PRAC (31%)	06-CARDIOLOGY (15%)
51960-Revision of bladder & bowel	\$177,796	163	090	0%	-	1%	34-UROLOGY (85%)	02-GNRL SURGERY (7%)	70-GROUP PRAC (4%)
51980-Construct bladder opening	\$29,277	60	090	0%	-	3%	34-UROLOGY (88%)	16-OB-GYNCOLOGY (7%)	02-GNRL SURGERY (3%)
54535-Extensive testis surgery	\$47,809	71	090	0%	-	0%	34-UROLOGY (80%)	02-GNRL SURGERY (14%)	70-GROUP PRAC (4%)
54560-Exploration for testis	\$13,034	29	090	0%	-	0%	34-UROLOGY (69%)	02-GNRL SURGERY (14%)	33-THORACIC SURG (10%)
54650-Orchiopexy (Fowler-Stephens)		21	090	-	-	-	(.)	(.)	(.)
55705-Biopsy of prostate	\$314,921	1,213	010	0%	-	2%	30-RADIOLOGY (78%)	30-RADIOLOGY (12%)	02-GNRL SURGERY (5%)
55720-Drainage of prostate abscess	\$22,181	97	090	0%	-	4%	34-UROLOGY (72%)	11-INTERNAL MED (20%)	01-08-GP/FP (5%)
55725-Drainage of prostate abscess	\$15,690	37	090	0%	-	0%	34-UROLOGY (84%)	02-GNRL SURGERY (8%)	01-08-GP/FP (3%)
55801-Removal of prostate	\$193,460	246	090	0%	-	1%	34-UROLOGY (72%)	30-RADIOLOGY (19%)	02-GNRL SURGERY (6%)
55810-Extensive prostate surgery	\$2,788,623	3,454	090	2%	-	1%	34-UROLOGY (81%)	05-ANESTHESIA (8%)	02-GNRL SURGERY (4%)
55812-Extensive prostate surgery	\$197,461	200	090	0%	-	2%	34-UROLOGY (61%)	91-SURG ONCOLOGY (15%)	02-GNRL SURGERY (11%)
55815-Extensive prostate surgery	\$1,027,354	962	090	1%	-	2%	34-UROLOGY (77%)	05-ANESTHESIA (11%)	02-GNRL SURGERY (5%)
55821-Removal of prostate	\$3,747,167	5,463	090	3%	2%	1%	34-UROLOGY (83%)	02-GNRL SURGERY (8%)	05-ANESTHESIA (4%)
55831-Removal of prostate	\$2,398,412	3,126	090	2%	-	1%	34-UROLOGY (78%)	02-GNRL SURGERY (8%)	01-08-GP/FP (2%)
55840-Extensive prostate surgery	\$2,032,428	2,780	090	2%	2%	1%	34-UROLOGY (73%)	05-ANESTHESIA (14%)	02-GNRL SURGERY (9%)
55842-Extensive prostate surgery	\$2,298,938	2,178	090	2%	1%	1%	34-UROLOGY (83%)	02-GNRL SURGERY (10%)	01-08-GP/FP (2%)
55845-Extensive prostate surgery	\$51,760,055	43,142	090	45%	37%	1%	34-UROLOGY (89%)	02-GNRL SURGERY (6%)	01-08-GP/FP (2%)
55860-Surgical exposure, prostate	\$450,905	588	090	0%	-	3%	34-UROLOGY (96%)	01-08-GP/FP (2%)	02-GNRL SURGERY (1%)
55862-Extensive prostate surgery	\$19,942	27	090	0%	-	0%	34-UROLOGY (85%)	02-GNRL SURGERY (7%)	33-THORACIC SURG (4%)
55865-Extensive prostate surgery	\$617,205	547	090	1%	-	1%	34-UROLOGY (90%)	02-GNRL SURGERY (8%)	01-08-GP/FP (1%)

268-Nephrostomy, Complex Cystourethroscopy, and Litholapaxy

Family Medicare Charges: \$88,249,605 Percent of CPEP Medicare Charges: 12%
 Family Private Payments: \$2,987,188 Percent of CPEP Private Payments: 12%

50392-Insert kidney drain	\$2,392,997	11,638	000	3%	1%	2%	30-RADIOLOGY (85%)	70-GROUP PRAC (4%)	94-INTERVEN RAD (4%)
50393-Insert ureteral tube	\$1,797,679	6,764	000	2%	0%	2%	30-RADIOLOGY (83%)	34-UROLOGY (6%)	70-GROUP PRAC (4%)
50395-Create passage to kidney	\$920,524	3,460	000	1%	-	1%	30-RADIOLOGY (79%)	34-UROLOGY (15%)	94-INTERVEN RAD (3%)
50551-Kidney endoscopy	\$34,043	184	000	0%	-	11%	34-UROLOGY (92%)	01-08-GP/FP (2%)	02-GNRL SURGERY (2%)
50555-Kidney endoscopy & biopsy	\$74,330	368	000	0%	-	5%	34-UROLOGY (76%)	01-08-GP/FP (9%)	16-OB-GYNCOLOGY (4%)
50557-Kidney endoscopy & treatment	\$17,812	61	000	0%	-	2%	34-UROLOGY (69%)	30-RADIOLOGY (15%)	02-GNRL SURGERY (5%)
50559-Renal endoscopy; radiotracer	\$16,329	48	000	0%	-	5%	34-UROLOGY (98%)	02-GNRL SURGERY (2%)	(.)
50561-Kidney endoscopy; radiotracer	\$1,067	9	000	0%	-	11%	34-UROLOGY (78%)	11-INTERNAL MED (11%)	30-RADIOLOGY (11%)
50951-Endoscopy of ureter	\$71,400	183	000	0%	-	4%	34-UROLOGY (85%)	30-RADIOLOGY (6%)	70-GROUP PRAC (4%)
50953-Endoscopy of ureter	\$36,899	190	000	0%	-	9%	34-UROLOGY (93%)	02-GNRL SURGERY (2%)	11-INTERNAL MED (2%)
50955-Ureter endoscopy & biopsy	\$43,901	236	000	0%	-	27%	34-UROLOGY (86%)	11-INTERNAL MED (3%)	01-08-GP/FP (2%)
50957-Ureter endoscopy & treatment	\$15,258	70	000	0%	-	6%	34-UROLOGY (87%)	30-RADIOLOGY (6%)	70-GROUP PRAC (3%)
50959-Ureter endoscopy & treatment	\$8,316	35	000	0%	-	9%	34-UROLOGY (91%)	16-OB-GYNCOLOGY (3%)	02-GNRL SURGERY (8%)
50961-Ureter endoscopy & tracer	\$3,512	13	000	0%	-	0%	49-ASC (46%)	34-UROLOGY (36%)	16-OB-GYNCOLOGY (8%)
51715-Endoscopic injection/implant	\$38,127	149	000	0%	-	17%	34-UROLOGY (84%)	30-RADIOLOGY (6%)	02-GNRL SURGERY (3%)
52234-Cystoscopy and treatment	\$10,346,168	30,284	000	-	-	-	(.)	(.)	(.)
52235-Cystoscopy and treatment	\$17,110,140	29,696	000	19%	7%	1%	34-UROLOGY (96%)	49-ASC (2%)	70-GROUP PRAC (1%)
52240-Cystoscopy and treatment	\$19,761,047	25,313	000	22%	7%	2%	34-UROLOGY (96%)	70-GROUP PRAC (1%)	49-ASC (1%)
52250-Cystoscopy & radiotracer	\$314,861	1,261	000	0%	0%	2%	34-UROLOGY (94%)	49-ASC (4%)	02-GNRL SURGERY (1%)
52277-Cystoscopy and treatment	\$85,245	236	000	0%	-	2%	34-UROLOGY (95%)	70-GROUP PRAC (2%)	49-ASC (1%)
52317-Remove bladder stone	\$2,599,049	6,178	000	3%	1%	5%	34-UROLOGY (97%)	70-GROUP PRAC (1%)	49-ASC (1%)
52318-Remove bladder stone	\$2,578,603	4,659	000	3%	1%	2%	34-UROLOGY (97%)	70-GROUP PRAC (2%)	49-ASC (1%)
52320-Cystoscopy and treatment	\$1,180,739	3,580	000	1%	6%	2%	34-UROLOGY (97%)	49-ASC (1%)	70-GROUP PRAC (1%)
52325-Cystoscopy, stone removal	\$519,178	1,078	000	1%	-	2%	34-UROLOGY (95%)	70-GROUP PRAC (2%)	49-ASC (1%)
52330-Cystoscopy and treatment	\$771,142	3,100	000	1%	4%	3%	34-UROLOGY (95%)	70-GROUP PRAC (2%)	30-RADIOLOGY (1%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Alldchs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
							First Specialty	Second Specialty	Third Specialty
52332-Cystoscopy and treatment	\$9,788,095	48,440	000	11%	20%	2%	34-UROLOGY (95%)	70-GROUP PRAC (2%)	49-ASC (1%)
52334-Create passage to kidney	\$169,296	605	000	0%	.	2%	34-UROLOGY (94%)	49-ASC (2%)	70-GROUP PRAC (2%)
52335-Endoscopy of urinary tract	\$4,178,480	11,215	000	5%	8%	2%	34-UROLOGY (91%)	30-RADIOLOGY (4%)	49-ASC (2%)
52336-Cystoscopy, stone removal	\$7,279,492	10,166	000	8%	29%	1%	34-UROLOGY (97%)	70-GROUP PRAC (1%)	49-ASC (1%)
52337-Cystoscopy, stone removal	\$3,920,734	4,813	000	4%	9%	1%	34-UROLOGY (97%)	49-ASC (1%)	70-GROUP PRAC (1%)
52338-Cystoscopy and treatment	\$1,257,044	2,532	000	1%	1%	3%	34-UROLOGY (93%)	70-GROUP PRAC (2%)	49-ASC (2%)
52339-Cystoscopy and treatment	\$114,668	243	000	0%	.	1%	34-UROLOGY (93%)	70-GROUP PRAC (2%)	49-ASC (2%)
74475-Xray control catheter insert	\$390,708	12,795	XXX	0%	.	2%	30-RADIOLOGY (89%)	94-INTERVEN RAD (6%)	70-GROUP PRAC (3%)
74480-Xray control catheter insert	\$313,042	7,981	XXX	0%	.	3%	30-RADIOLOGY (92%)	70-GROUP PRAC (3%)	94-INTERVEN RAD (3%)
74485-X-ray guide, GU dilation	\$99,680	3,236	XXX	0%	.	1%	30-RADIOLOGY (86%)	34-UROLOGY (6%)	94-INTERVEN RAD (4%)
272-Renal Extracorporeal Shock Wave Lithotripsy									
Family Medicare Charges:	\$20,899,804			100%	100%	4%	34-UROLOGY (96%)	70-GROUP PRAC (3%)	02-GNRL SURGERY (0%)
Family Private Payments:	\$2,612,385			10%					
50590-Fragmenting of kidney stone	\$20,899,804	28,933	090	100%	100%	4%	34-UROLOGY (96%)	70-GROUP PRAC (3%)	02-GNRL SURGERY (0%)

CPEP 3 - ORTHOPAEDICS

300-Hip Fracture Repair
 Family Medicare Charges: \$234,864,778
 Family Private Payments: \$684,325

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	1993 MC Global Period Charges	Pct. of Family AllDChgs	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
27232-Treat fracture of thigh	\$368,125	589	090	0%	.	2%	20-ORTHOPEDED SURG (89%)	01-08-GP/FP (4%)	70-GROUP PRAC (3%)
27235-Repair of thigh fracture	\$13,866,915	14,855	090	6%	13%	1%	20-ORTHOPEDED SURG (91%)	01-08-GP/FP (3%)	70-GROUP PRAC (2%)
27236-Repair of thigh fracture	\$98,754,364	108,623	090	42%	39%	1%	20-ORTHOPEDED SURG (84%)	01-08-GP/FP (5%)	02-GNRL SURG (5%)
27240-Treatment of thigh fracture	\$507,142	783	090	0%	.	3%	20-ORTHOPEDED SURG (90%)	70-GROUP PRAC (3%)	01-08-GP/FP (2%)
27244-Repair of thigh fracture	\$116,915,721	126,979	090	50%	48%	1%	20-ORTHOPEDED SURG (86%)	01-08-GP/FP (3%)	02-GNRL SURG (4%)
27245-Repair of thigh fracture	\$3,687,971	3,800	090	2%	.	1%	20-ORTHOPEDED SURG (91%)	01-08-GP/FP (5%)	97-PHYS ASSISTANT (2%)
27248-Repair of thigh fracture	\$764,540	1,495	090	0%	.	2%	20-ORTHOPEDED SURG (88%)	01-08-GP/FP (4%)	02-GNRL SURG (2%)

304-Orthopaedics - Hip Procedures (except hip replacement or hip fracture repair)
 Family Medicare Charges: \$15,841,071
 Family Private Payments: \$166,953

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	1993 MC Global Period Charges	Pct. of Family AllDChgs	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
27001-Incision of hip tendon	\$60,308	636	090	0%	.	5%	20-ORTHOPEDED SURG (86%)	01-08-GP/FP (4%)	07-DERMATOLOGY (3%)
27003-Incision of hip tendon	\$124,881	869	090	1%	.	2%	20-ORTHOPEDED SURG (86%)	01-08-GP/FP (6%)	02-GNRL SURG (3%)
27005-Incision of hip tendon	\$38,748	136	090	0%	.	0%	20-ORTHOPEDED SURG (85%)	01-08-GP/FP (4%)	02-GNRL SURG (4%)
27006-Incision of hip tendons	\$46,910	307	090	0%	.	1%	20-ORTHOPEDED SURG (85%)	01-08-GP/FP (5%)	02-GNRL SURG (5%)
27025-Incision of hip/thigh fascia	\$51,474	210	090	0%	.	2%	20-ORTHOPEDED SURG (90%)	01-08-GP/FP (2%)	70-GROUP PRAC (2%)
27030-Drainage of hip joint	\$94,794	218	090	1%	.	4%	20-ORTHOPEDED SURG (66%)	02-GNRL SURG (21%)	24-PLASTIC SURG (3%)
27033-Exploration of hip joint	\$633,786	1,011	090	4%	.	2%	20-ORTHOPEDED SURG (91%)	02-GNRL SURG (2%)	70-GROUP PRAC (2%)
27052-Exploration of hip joint	\$434,045	855	090	3%	.	2%	20-ORTHOPEDED SURG (87%)	02-GNRL SURG (4%)	01-08-GP/FP (3%)
27054-Removal of hip joint lining	\$84,127	191	090	1%	.	1%	20-ORTHOPEDED SURG (87%)	02-GNRL SURG (3%)	97-PHYS ASSISTANT (3%)
27062-Remove femur lesion/bursa	\$280,751	603	090	2%	.	2%	20-ORTHOPEDED SURG (92%)	01-08-GP/FP (3%)	02-GNRL SURG (3%)
27090-Removal of hip prosthesis	\$192,259	905	090	1%	.	3%	20-ORTHOPEDED SURG (86%)	02-GNRL SURG (4%)	01-08-GP/FP (2%)
27091-Removal of hip prosthesis	\$731,071	1,719	090	5%	.	1%	20-ORTHOPEDED SURG (87%)	01-08-GP/FP (4%)	02-GNRL SURG (3%)
27098-Revision of hip tendon	\$2,056,660	2,103	090	13%	.	1%	20-ORTHOPEDED SURG (91%)	70-GROUP PRAC (3%)	01-08-GP/FP (2%)
27105-Transfer of spinal muscle	\$6,277	16	090	0%	.	0%	20-ORTHOPEDED SURG (80%)	70-GROUP PRAC (20%)	34-UROLOGY (6%)
27111-Transfer of iliopsoas muscle	\$1,753	14	090	0%	.	93%	06-CARDIOLOGY (71%)	11-INTERNAL MED (14%)	(.)
27122-Reconstruction of hip socket	\$6,518	13	090	0%	.	0%	20-ORTHOPEDED SURG (69%)	70-GROUP PRAC (15%)	01-08-GP/FP (7%)
27140-Transplant of femur ridge	\$1,090,449	1,133	090	7%	.	1%	20-ORTHOPEDED SURG (88%)	02-GNRL SURG (3%)	01-08-GP/FP (2%)
27161-Incision of neck of femur	\$196,054	515	090	1%	.	1%	20-ORTHOPEDED SURG (92%)	01-08-GP/FP (4%)	02-GNRL SURG (2%)
27165-Incision/fixation of femur	\$64,233	109	090	0%	.	1%	20-ORTHOPEDED SURG (70%)	34-UROLOGY (18%)	02-GNRL SURG (5%)
27170-Repair/graft femur head/neck	\$476,326	572	090	3%	69%	0%	20-ORTHOPEDED SURG (90%)	01-08-GP/FP (5%)	02-GNRL SURG (3%)
27175-Treat slipped epiphysis	\$618,598	857	090	4%	.	1%	20-ORTHOPEDED SURG (91%)	02-GNRL SURG (3%)	01-08-GP/FP (2%)
27176-Treat slipped epiphysis	\$29,285	167	090	0%	.	1%	20-ORTHOPEDED SURG (99%)	01-08-GP/FP (1%)	(.)
27177-Repair slipped epiphysis	\$25,428	52	090	0%	31%	0%	20-ORTHOPEDED SURG (71%)	02-GNRL SURG (17%)	01-08-GP/FP (8%)
27178-Repair slipped epiphysis	\$47,410	59	090	0%	.	2%	20-ORTHOPEDED SURG (90%)	01-08-GP/FP (5%)	02-GNRL SURG (3%)
27179-Repair head/neck of femur	\$10,638	18	090	0%	.	0%	20-ORTHOPEDED SURG (90%)	11-INTERNAL MED (6%)	(.)
27181-Repair slipped epiphysis	\$2,043	4	090	0%	.	0%	20-ORTHOPEDED SURG (100%)	(.)	(.)
27185-Revision of femur epiphysis	\$5,550	7	090	0%	.	0%	20-ORTHOPEDED SURG (100%)	(.)	(.)
27187-Reinforce hip bones	\$94	1	090	0%	.	0%	20-ORTHOPEDED SURG (100%)	(.)	(.)
27227-Treat hip fracture(s)	\$672,304	835	090	4%	.	0%	20-ORTHOPEDED SURG (89%)	02-GNRL SURG (3%)	01-08-GP/FP (3%)
27228-Treat hip fracture(s)	\$255,637	341	090	2%	.	1%	20-ORTHOPEDED SURG (74%)	02-GNRL SURG (13%)	01-08-GP/FP (8%)
27230-Treatment of thigh fracture	\$182,630	201	090	1%	.	0%	20-ORTHOPEDED SURG (80%)	05-ANESTHESIA (6%)	02-GNRL SURG (4%)
27238-Treatment of thigh fracture	\$1,097,485	4,021	090	7%	.	10%	20-ORTHOPEDED SURG (55%)	93-EMERGENCY MED (20%)	01-08-GP/FP (18%)
27246-Treatment of thigh fracture	\$891,433	2,395	090	6%	.	7%	20-ORTHOPEDED SURG (66%)	93-EMERGENCY MED (13%)	01-08-GP/FP (12%)
27250-Treat hip dislocation	\$574,365	1,799	090	4%	.	22%	20-ORTHOPEDED SURG (92%)	01-08-GP/FP (3%)	70-GROUP PRAC (2%)
	\$409,105	1,604	090	3%	.	4%	20-ORTHOPEDED SURG (53%)	93-EMERGENCY MED (23%)	01-08-GP/FP (14%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Pct. of Family Alldchgs	Pct. of Family Privpmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
						First Specialty	Second Specialty	Third Specialty
27253-Repair of hip dislocation	\$414,363	655	3%	.	1%	20-ORTHOPEID SURG (90%)	01,08-GP/FP (3%)	02-GNRL SURGERY (3%)
27254-Repair of hip dislocation	\$246,702	299	2%	.	2%	20-ORTHOPEID SURG (80%)	01,08-GP/FP (10%)	02-GNRL SURGERY (5%)
27256-Treatment of hip dislocation	\$5,273	31	0%	.	0%	20-ORTHOPEID SURG (77%)	93-EMERGENCY MED (10%)	01,08-GP/FP (6%)
27258-Repair of hip dislocation	\$93,008	140	1%	.	0%	20-ORTHOPEID SURG (83%)	02-GNRL SURGERY (10%)	01,08-GP/FP (4%)
27259-Repair of hip dislocation	\$6,579	7	0%	.	0%	20-ORTHOPEID SURG (86%)	02-GNRL SURGERY (14%)	(.)
27265-Treatment of hip dislocation	\$660,873	2,494	4%	.	3%	20-ORTHOPEID SURG (90%)	93-EMERGENCY MED (5%)	01,08-GP/FP (2%)
27266-Treatment of hip dislocation	\$2,295,820	6,540	14%	.	1%	20-ORTHOPEID SURG (95%)	70-GROUP PRAC (2%)	05-ANESTHESIA (1%)
27284-Fusion of hip joint	\$30,549	35	0%	.	0%	20-ORTHOPEID SURG (75%)	02-GNRL SURGERY (19%)	01,08-GP/FP (3%)
27286-Fusion of hip joint	\$28,874	36	0%	.	6%	20-ORTHOPEID SURG (77%)	02-GNRL SURGERY (14%)	01,08-GP/FP (6%)
27295-Amputation of leg at hip	\$562,355	572	4%	.	0%	20-ORTHOPEID SURG (52%)	02-GNRL SURGERY (25%)	24-PLASTIC SURG (10%)
308-Hip Replacement								
Family Medicare Charges:	\$200,899,310		13%					
Family Private Payments:	\$3,776,954		5%					
27125-Partial hip replacement	\$22,572,771	24,061	11%	3%	1%	20-ORTHOPEID SURG (82%)	02-GNRL SURGERY (6%)	01,08-GP/FP (5%)
27130-Total hip replacement	\$134,011,533	105,586	67%	78%	1%	20-ORTHOPEID SURG (88%)	01,08-GP/FP (4%)	02-GNRL SURGERY (3%)
27132-Total hip replacement	\$8,600,058	6,376	4%	3%	1%	20-ORTHOPEID SURG (87%)	05-ANESTHESIA (4%)	01,08-GP/FP (3%)
27134-Revise hip joint replacement	\$23,308,215	13,951	12%	11%	1%	20-ORTHOPEID SURG (90%)	97-PHYS ASSISTANT (3%)	01,08-GP/FP (2%)
27137-Revise hip joint replacement	\$7,440,652	5,584	4%	4%	1%	20-ORTHOPEID SURG (91%)	01,08-GP/FP (2%)	97-PHYS ASSISTANT (2%)
27138-Revise hip joint replacement	\$4,966,061	3,742	2%	2%	1%	20-ORTHOPEID SURG (92%)	02-GNRL SURGERY (2%)	01,08-GP/FP (2%)
312-Knee Replacement								
Family Medicare Charges:	\$272,013,516		18%					
Family Private Payments:	\$3,279,693		5%					
27440-Revision of knee joint	\$31,951	61	0%	.	7%	20-ORTHOPEID SURG (48%)	02-GNRL SURGERY (11%)	88-UNKNOWN SUPPL (8%)
27441-Revision of knee joint	\$31,273	64	0%	.	3%	20-ORTHOPEID SURG (78%)	01,08-GP/FP (8%)	02-GNRL SURGERY (5%)
27442-Revision of knee joint	\$128,516	168	0%	.	0%	20-ORTHOPEID SURG (77%)	01,08-GP/FP (7%)	49-ASC (7%)
27443-Revision of knee joint	\$148,116	151	0%	.	0%	20-ORTHOPEID SURG (88%)	49-ASC (7%)	01,08-GP/FP (1%)
27445-Revision of knee joint	\$468,476	371	0%	.	1%	20-ORTHOPEID SURG (86%)	88-UNKNOWN SUPPL (6%)	02-GNRL SURGERY (3%)
27446-Revision of knee joint	\$3,090,258	2,734	1%	4%	1%	20-ORTHOPEID SURG (83%)	02-GNRL SURGERY (7%)	01,08-GP/FP (6%)
27447-Total knee replacement	\$268,114,926	191,216	99%	96%	1%	20-ORTHOPEID SURG (88%)	01,08-GP/FP (4%)	97-PHYS ASSISTANT (3%)
316-Orthopaedics - Knee Joint and Surrounding Structures (except knee replacement)								
Family Medicare Charges:	\$129,851,109		9%					
Family Private Payments:	\$20,364,319		29%					
27310-Exploration of knee joint	\$1,031,270	2,079	1%	0%	6%	20-ORTHOPEID SURG (86%)	01,08-GP/FP (4%)	02-GNRL SURGERY (2%)
27330-Biopsy knee joint lining	\$42,128	147	0%	0%	7%	20-ORTHOPEID SURG (75%)	01,08-GP/FP (6%)	49-ASC (5%)
27331-Explore/treat knee joint	\$601,768	1,475	0%	0%	1%	20-ORTHOPEID SURG (89%)	01,08-GP/FP (2%)	70-GROUP PRAC (2%)
27332-Removal of knee cartilage	\$222,236	527	0%	0%	2%	20-ORTHOPEID SURG (71%)	05-ANESTHESIA (18%)	01,08-GP/FP (3%)
27333-Removal of knee cartilage	\$77,768	139	0%	.	0%	20-ORTHOPEID SURG (78%)	01,08-GP/FP (6%)	05-ANESTHESIA (6%)
27334-Remove knee joint lining	\$742,039	1,644	1%	.	1%	20-ORTHOPEID SURG (89%)	01,08-GP/FP (4%)	02-GNRL SURGERY (1%)
27335-Remove knee joint lining	\$635,396	1,656	0%	.	1%	20-ORTHOPEID SURG (89%)	01,08-GP/FP (7%)	02-GNRL SURGERY (4%)
27340-Removal of kneecap bursa	\$242,538	947	0%	0%	5%	20-ORTHOPEID SURG (82%)	02-GNRL SURGERY (7%)	49-ASC (6%)
27345-Removal of knee cyst	\$525,987	1,676	0%	0%	3%	20-ORTHOPEID SURG (76%)	02-GNRL SURGERY (12%)	49-ASC (4%)
27350-Removal of kneecap	\$578,212	1,198	0%	0%	1%	20-ORTHOPEID SURG (89%)	01,08-GP/FP (3%)	02-GNRL SURGERY (2%)
27360-Partial removal leg bone(s)	\$347,202	769	0%	0%	2%	20-ORTHOPEID SURG (78%)	02-GNRL SURGERY (8%)	24-PLASTIC SURG (5%)
27365-Extensive leg surgery	\$167,944	247	0%	.	2%	20-ORTHOPEID SURG (81%)	02-GNRL SURGERY (11%)	01,08-GP/FP (2%)
27380-Repair of kneecap tendon	\$292,740	769	0%	0%	2%	20-ORTHOPEID SURG (88%)	01,08-GP/FP (3%)	70-GROUP PRAC (3%)
27381-Repair/graft kneecap tendon	\$157,218	314	0%	0%	1%	20-ORTHOPEID SURG (90%)	97-PHYS ASSISTANT (3%)	02-GNRL SURGERY (3%)

Procedure

First Specialty

Second Specialty

Third Specialty

27385-Repair of thigh muscle	1,778	090	1%	0%	1%	20-ORTHOPEDE SURG (90%)	70-GROUP PRAC (2%)	02-GNRL SURGERY (2%)
27386-Repair/graft of thigh muscle	285	090	0%	0%	2%	20-ORTHOPEDE SURG (89%)	02-GNRL SURGERY (4%)	01-08-GP/FP (2%)
27403-Repair of knee cartilage	\$45,142	162	0%	0%	2%	20-ORTHOPEDE SURG (90%)	01-08-GP/FP (3%)	02-GNRL SURGERY (3%)
27405-Repair of knee ligament	\$161,342	380	0%	0%	2%	20-ORTHOPEDE SURG (88%)	02-GNRL SURGERY (5%)	01-08-GP/FP (4%)
27407-Repair of knee ligament	\$17,244	57	0%	0%	0%	20-ORTHOPEDE SURG (86%)	01-08-GP/FP (4%)	02-GNRL SURGERY (4%)
27409-Repair of knee ligaments	\$33,367	55	0%	0%	0%	20-ORTHOPEDE SURG (91%)	97-PHYS ASSISTANT (4%)	01-08-GP/FP (2%)
27418-Repair degenerated kneecap	\$71,391	147	0%	0%	1%	20-ORTHOPEDE SURG (93%)	97-PHYS ASSISTANT (3%)	01-08-GP/FP (2%)
27420-Revision of unstable kneecap	\$125,542	260	0%	0%	1%	20-ORTHOPEDE SURG (90%)	02-GNRL SURGERY (2%)	01-08-GP/FP (2%)
27422-Revision of unstable kneecap	\$513,668	1,078	0%	1%	1%	20-ORTHOPEDE SURG (89%)	97-PHYS ASSISTANT (4%)	70-GROUP PRAC (2%)
27424-Revision/removal of kneecap	\$49,517	94	0%	0%	2%	20-ORTHOPEDE SURG (90%)	30-RADIOLOGY (5%)	02-GNRL SURGERY (4%)
27425-Lateral retinacular release	\$1,084,823	3,053	1%	3%	2%	20-ORTHOPEDE SURG (90%)	49-ASC (3%)	01-08-GP/FP (2%)
27427-Reconstruction, knee	\$96,170	207	0%	0%	1%	20-ORTHOPEDE SURG (89%)	01-08-GP/FP (3%)	97-PHYS ASSISTANT (2%)
27428-Reconstruction, knee	\$58,471	108	0%	0%	2%	20-ORTHOPEDE SURG (92%)	01-08-GP/FP (3%)	70-GROUP PRAC (2%)
27429-Reconstruction, knee	\$31,532	55	0%	0%	1%	20-ORTHOPEDE SURG (85%)	02-GNRL SURGERY (9%)	01-08-GP/FP (4%)
27430-Revision of thigh muscles	\$301,126	763	0%	0%	1%	20-ORTHOPEDE SURG (90%)	01-08-GP/FP (3%)	97-PHYS ASSISTANT (2%)
27435-Incision of knee joint	\$174,298	620	0%	0%	3%	20-ORTHOPEDE SURG (82%)	70-GROUP PRAC (7%)	02-GNRL SURGERY (5%)
27437-Revise kneecap	\$139,516	347	0%	0%	1%	20-ORTHOPEDE SURG (91%)	02-GNRL SURGERY (5%)	01-08-GP/FP (1%)
27438-Revise kneecap with implant	\$333,555	681	0%	0%	1%	20-ORTHOPEDE SURG (85%)	01-08-GP/FP (7%)	11-INTERNAL MED (2%)
27455-Realignment of knee	\$102,515	164	0%	0%	2%	20-ORTHOPEDE SURG (93%)	01-08-GP/FP (2%)	02-GNRL SURGERY (2%)
27457-Realignment of knee	\$4,800	605	0%	1%	1%	20-ORTHOPEDE SURG (88%)	01-08-GP/FP (4%)	02-GNRL SURGERY (3%)
27475-Surgery to stop leg growth	\$4,800	12	0%	0%	0%	20-ORTHOPEDE SURG (92%)	01-08-GP/FP (8%)	(.)
27477-Surgery to stop leg growth	\$73,924	153	0%	0%	3%	20-ORTHOPEDE SURG (70%)	97-PHYS ASSISTANT (14%)	01-08-GP/FP (6%)
27479-Surgery to stop leg growth	\$563	1	0%	0%	0%	37-PEDIATRICS (100%)	(.)	(.)
27480-Surgery to stop leg growth	\$2,477	5	0%	0%	0%	20-ORTHOPEDE SURG (100%)	(.)	(.)
27485-Surgery to stop leg growth	\$7,120,655	5,416	1%	1%	1%	20-ORTHOPEDE SURG (90%)	01-08-GP/FP (3%)	97-PHYS ASSISTANT (3%)
27486-Revise knee joint replace	\$18,378,817	10,941	0%	1%	1%	20-ORTHOPEDE SURG (89%)	01-08-GP/FP (3%)	02-GNRL SURGERY (3%)
27487-Revise knee joint replace	\$2,478,219	3,159	0%	2%	1%	20-ORTHOPEDE SURG (91%)	97-PHYS ASSISTANT (3%)	01-08-GP/FP (2%)
27488-Removal of knee prosthesis	\$538,327	1,629	0%	0%	23%	20-ORTHOPEDE SURG (84%)	01-08-GP/FP (7%)	93-EMERGENCY MED (4%)
27508-Treatment of thigh fracture	\$45,498	155	0%	0%	1%	20-ORTHOPEDE SURG (94%)	70-GROUP PRAC (3%)	01-08-GP/FP (1%)
27509-Treatment of thigh fracture	\$308,320	613	0%	0%	8%	20-ORTHOPEDE SURG (96%)	70-GROUP PRAC (1%)	01-08-GP/FP (1%)
27510-Treatment of thigh fracture	\$2,060,926	2,551	0%	0%	1%	20-ORTHOPEDE SURG (89%)	01-08-GP/FP (3%)	02-GNRL SURGERY (2%)
27511-Treatment of thigh fracture	\$1,614,979	1,783	0%	0%	1%	20-ORTHOPEDE SURG (90%)	01-08-GP/FP (3%)	02-GNRL SURGERY (3%)
27513-Treatment of thigh fracture	\$2,227,581	2,605	0%	0%	2%	20-ORTHOPEDE SURG (86%)	02-GNRL SURGERY (6%)	01-08-GP/FP (2%)
27514-Repair of thigh fracture	\$33,036	45	0%	0%	2%	20-ORTHOPEDE SURG (87%)	02-GNRL SURGERY (7%)	01-08-GP/FP (2%)
27519-Repair of thigh growth plate	\$3,031,920	5,070	0%	0%	1%	20-ORTHOPEDE SURG (90%)	02-GNRL SURGERY (3%)	01-08-GP/FP (3%)
27524-Repair of kneecap fracture	\$1,174,545	1,892	0%	0%	1%	20-ORTHOPEDE SURG (91%)	01-08-GP/FP (2%)	97-PHYS ASSISTANT (2%)
27535-Treatment of knee fracture	\$1,271,523	1,860	0%	1%	1%	20-ORTHOPEDE SURG (91%)	01-08-GP/FP (2%)	02-GNRL SURGERY (2%)
27536-Repair of knee fracture	\$69,727	122	0%	0%	1%	20-ORTHOPEDE SURG (88%)	48-PODIATRY (13%)	(.)
27540-Repair of knee fracture	\$24,953	40	0%	0%	5%	20-ORTHOPEDE SURG (84%)	01-08-GP/FP (4%)	23-VASCUL-OSTEO (4%)
27556-Repair of knee dislocation	\$21,878	28	0%	0%	3%	20-ORTHOPEDE SURG (90%)	01-08-GP/FP (6%)	01-08-GP/FP (4%)
27557-Repair of knee dislocation	\$7,711	11	0%	0%	0%	20-ORTHOPEDE SURG (90%)	01-08-GP/FP (5%)	02-GNRL SURGERY (3%)
27558-Repair of knee dislocation	\$65,218	108	0%	0%	9%	20-ORTHOPEDE SURG (89%)	02-GNRL SURGERY (4%)	40-HAND SURGERY (4%)
27566-Repair kneecap dislocation	\$506,869	701	0%	0%	4%	20-ORTHOPEDE SURG (84%)	02-GNRL SURGERY (4%)	02-GNRL SURGERY (3%)
27580-Fusion of knee	\$664,515	1,064	0%	0%	0%	20-ORTHOPEDE SURG (43%)	02-GNRL SURGERY (31%)	01-08-GP/FP (6%)
29850-Knee arthroscopy/surgery	\$8,682	102	0%	0%	86%	02-GNRL SURGERY (25%)	01-08-GP/FP (22%)	48-PODIATRY (18%)
29851-Knee arthroscopy/surgery	\$4,912	8	0%	0%	13%	20-ORTHOPEDE SURG (88%)	48-PODIATRY (13%)	(.)
29855-Tibial arthroscopy/surgery	\$112,402	179	0%	0%	1%	20-ORTHOPEDE SURG (91%)	97-PHYS ASSISTANT (3%)	70-GROUP PRAC (2%)
29856-Tibial arthroscopy/surgery	\$14,431	20	0%	0%	5%	20-ORTHOPEDE SURG (95%)	02-GNRL SURGERY (5%)	(.)
29870-Knee arthroscopy, diagnostic	\$672,100	2,698	0%	1%	2%	20-ORTHOPEDE SURG (75%)	49-ASC (12%)	05-ANESTHESIA (6%)
29871-Knee arthroscopy/drainage	\$616,172	1,745	0%	0%	10%	20-ORTHOPEDE SURG (77%)	66-RHEUMATOLOGY (8%)	05-ANESTHESIA (8%)
29874-Knee arthroscopy/surgery	\$903,949	1,661	0%	1%	2%	20-ORTHOPEDE SURG (82%)	49-ASC (10%)	66-RHEUMATOLOGY (4%)
29875-Knee arthroscopy/surgery	\$1,289,359	2,425	0%	1%	5%	20-ORTHOPEDE SURG (78%)	05-ANESTHESIA (10%)	49-ASC (9%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Privlms	Pct. of Family Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
29876-Knee arthroscopy/surgery	\$3,587,882	5,570	090	3%	3%	20-ORTHOPEDE SURG (92%)	49-ASC (5%)	01,08-GP/FP (1%)
29877-Knee arthroscopy/surgery	\$19,881,873	32,048	090	14%	2%	20-ORTHOPEDE SURG (89%)	49-ASC (9%)	70-GROUP PRAC (1%)
29879-Knee arthroscopy/surgery	\$3,701,022	4,884	090	3%	2%	20-ORTHOPEDE SURG (93%)	49-ASC (4%)	70-GROUP PRAC (2%)
29880-Knee arthroscopy/surgery	\$16,016,689	19,588	090	12%	7%	20-ORTHOPEDE SURG (87%)	49-ASC (8%)	01,08-GP/FP (1%)
29881-Knee arthroscopy/surgery	\$28,927,065	47,089	090	22%	2%	20-ORTHOPEDE SURG (87%)	49-ASC (11%)	70-GROUP PRAC (1%)
29882-Knee arthroscopy/surgery	\$597,859	892	090	0%	2%	20-ORTHOPEDE SURG (78%)	49-ASC (20%)	70-GROUP PRAC (1%)
29883-Knee arthroscopy/surgery	\$515,301	507	090	0%	3%	20-ORTHOPEDE SURG (88%)	49-ASC (11%)	70-GROUP PRAC (1%)
29884-Knee arthroscopy/surgery	\$300,374	639	090	0%	1%	20-ORTHOPEDE SURG (91%)	49-ASC (7%)	01,08-GP/FP (1%)
29885-Knee arthroscopy/surgery	\$12,374	27	090	0%	0%	20-ORTHOPEDE SURG (93%)	11-INTERNAL MED (4%)	49-ASC (4%)
29886-Knee arthroscopy/surgery	\$41,408	97	090	0%	3%	20-ORTHOPEDE SURG (92%)	49-ASC (7%)	01,08-GP/FP (1%)
29887-Knee arthroscopy/surgery	\$118,464	295	090	0%	3%	20-ORTHOPEDE SURG (88%)	49-ASC (5%)	01,08-GP/FP (2%)
29888-Knee arthroscopy/surgery	\$337,816	370	090	0%	14%	20-ORTHOPEDE SURG (89%)	97-PHYS ASSISTANT (3%)	01,08-GP/FP (2%)
29889-Knee arthroscopy/surgery	\$8,183	19	090	0%	0%	20-ORTHOPEDE SURG (84%)	11-INTERNAL MED (5%)	49-ASC (5%)
320-Orthopedics - Foot								
Family Medicare Charges:\$108,322,644								
Family Private Payments: \$10,361,022								
Percent of CPEP Medicare Charges: 7%								
Percent of CPEP Private Payments: 15%								
20838-Replantation, foot, complete	\$3,500	1	090	0%	0%	40-HAND SURGERY (100%)	(.)	(.)
20840-Replantation, foot, partial	\$454,498	6,759	010	0%	74%	48-PODIATRY (90%)	(.)	(.)
28001-Drainage of bursa of foot	\$491,311	2,864	010	0%	27%	48-PODIATRY (44%)	20-ORTHOPEDE SURG (5%)	02-GNRL SURGERY (3%)
28002-Treatment of foot infection	\$338,151	1,649	090	0%	45%	48-PODIATRY (60%)	20-ORTHOPEDE SURG (28%)	02-GNRL SURGERY (17%)
28005-Treat foot bone lesion	\$757,192	2,378	090	0%	12%	20-ORTHOPEDE SURG (43%)	20-ORTHOPEDE SURG (18%)	02-GNRL SURGERY (15%)
28008-Incision of foot fascia	\$322,006	1,621	090	0%	43%	48-PODIATRY (66%)	48-PODIATRY (35%)	02-GNRL SURGERY (11%)
28010-Incision of toe tendon	\$264,738	2,575	090	0%	74%	48-PODIATRY (82%)	49-ASC (21%)	20-ORTHOPEDE SURG (7%)
28011-Incision of toe tendons	\$51,239	556	090	0%	51%	48-PODIATRY (63%)	20-ORTHOPEDE SURG (16%)	70-GROUP PRAC (1%)
28020-Exploration of a foot joint	\$104,772	460	090	0%	27%	48-PODIATRY (38%)	20-ORTHOPEDE SURG (32%)	49-ASC (2%)
28022-Exploration of a foot joint	\$192,158	1,294	090	0%	51%	48-PODIATRY (77%)	20-ORTHOPEDE SURG (29%)	49-ASC (10%)
28024-Exploration of a toe joint	\$63,750	432	090	0%	63%	48-PODIATRY (79%)	20-ORTHOPEDE SURG (19%)	02-GNRL SURGERY (1%)
28043-Excision of foot lesion	\$361,486	2,423	090	0%	49%	48-PODIATRY (56%)	20-ORTHOPEDE SURG (24%)	49-ASC (8%)
28045-Excision of foot lesion	\$579,840	2,277	090	1%	29%	48-PODIATRY (57%)	20-ORTHOPEDE SURG (23%)	49-ASC (10%)
28046-Resection of tumor, foot	\$115,182	267	090	0%	19%	48-PODIATRY (49%)	24-PLASTIC SURG (15%)	20-ORTHOPEDE SURG (12%)
28050-Biopsy of foot joint lining	\$21,979	104	090	0%	18%	48-PODIATRY (59%)	20-ORTHOPEDE SURG (24%)	49-ASC (12%)
28052-Biopsy of foot joint lining	\$56,311	350	090	0%	61%	48-PODIATRY (79%)	20-ORTHOPEDE SURG (19%)	02-GNRL SURGERY (1%)
28054-Biopsy of toe joint lining	\$8,667	63	090	0%	29%	48-PODIATRY (41%)	20-ORTHOPEDE SURG (32%)	49-ASC (13%)
28060-Partial removal foot fascia	\$554,229	1,996	090	1%	20%	48-PODIATRY (64%)	20-ORTHOPEDE SURG (18%)	49-ASC (12%)
28062-Removal of foot fascia	\$263,052	684	090	0%	11%	48-PODIATRY (68%)	49-ASC (16%)	20-ORTHOPEDE SURG (10%)
28070-Removal of foot joint lining	\$42,563	200	090	0%	47%	48-PODIATRY (71%)	20-ORTHOPEDE SURG (18%)	49-ASC (4%)
28072-Removal of foot joint lining	\$57,242	367	090	0%	11%	20-ORTHOPEDE SURG (52%)	48-PODIATRY (34%)	49-ASC (10%)
28080-Removal of foot lesion	\$3,150,577	13,012	090	3%	27%	48-PODIATRY (65%)	20-ORTHOPEDE SURG (20%)	49-ASC (14%)
28086-Excise foot tendon sheath	\$54,668	280	090	0%	10%	20-ORTHOPEDE SURG (63%)	48-PODIATRY (19%)	49-ASC (8%)
28088-Excise foot tendon sheath	\$28,370	151	090	0%	34%	48-PODIATRY (42%)	20-ORTHOPEDE SURG (30%)	01,08-GP/FP (8%)
28090-Removal of foot lesion	\$902,851	4,292	090	1%	43%	48-PODIATRY (65%)	20-ORTHOPEDE SURG (17%)	49-ASC (8%)
28092-Removal of toe lesions	\$145,217	812	090	0%	50%	48-PODIATRY (51%)	20-ORTHOPEDE SURG (20%)	49-ASC (11%)
28100-Removal of ankle/heel lesion	\$212,982	852	090	0%	29%	48-PODIATRY (44%)	20-ORTHOPEDE SURG (31%)	49-ASC (11%)
28102-Remove/graft foot lesion	\$7,132	17	090	0%	18%	20-ORTHOPEDE SURG (47%)	48-PODIATRY (24%)	49-ASC (18%)
28103-Remove/graft foot lesion	\$4,073	11	090	0%	9%	48-PODIATRY (36%)	20-ORTHOPEDE SURG (27%)	49-ASC (27%)
28104-Removal of foot lesion	\$452,814	1,851	090	0%	29%	48-PODIATRY (61%)	20-ORTHOPEDE SURG (25%)	49-ASC (8%)
28106-Remove/graft foot lesion	\$13,203	50	090	0%	10%	48-PODIATRY (58%)	20-ORTHOPEDE SURG (26%)	02-GNRL SURGERY (6%)
28107-Remove/graft foot lesion	\$5,950	20	090	0%	15%	48-PODIATRY (44%)	49-ASC (35%)	20-ORTHOPEDE SURG (15%)
28108-Removal of toe lesions	\$1,534,039	6,486	090	1%	78%	48-PODIATRY (92%)	20-ORTHOPEDE SURG (7%)	02-GNRL SURGERY (1%)

1993 MC Allowed Charges

1993 MC Units of Service

Global Period

Pct. of Family AllChgs

Pct. of Family PrivPmts

Pct. of Vol. in OFFICE

Procedure

First Specialty

Second Specialty

Third Specialty

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
28110-Part removal of metatarsal	\$552,409	2,983	090	1%	1%	26%	48-PODIATRY (63%)	20-ORTHOPED SURG (19%)	49-ASC (14%)
28111-Part removal of metatarsal	\$362,679	1,301	090	0%	0%	7%	48-PODIATRY (48%)	20-ORTHOPED SURG (27%)	02-GNRL SURGERY (9%)
28112-Part removal of metatarsal	\$1,168,040	6,408	090	1%	0%	13%	48-PODIATRY (59%)	20-ORTHOPED SURG (29%)	49-ASC (7%)
28113-Part removal of metatarsal	\$567,687	2,336	090	1%	0%	18%	48-PODIATRY (63%)	20-ORTHOPED SURG (23%)	49-ASC (10%)
28114-Removal of metatarsal heads	\$1,293,368	2,319	090	1%	1%	8%	20-ORTHOPED SURG (46%)	48-PODIATRY (62%)	49-ASC (7%)
28116-Revision of foot	\$42,602	123	090	0%	0%	30%	48-PODIATRY (68%)	20-ORTHOPED SURG (20%)	49-ASC (4%)
28118-Removal of heel bone	\$506,999	1,499	090	1%	1%	15%	48-PODIATRY (60%)	20-ORTHOPED SURG (22%)	49-ASC (10%)
28119-Removal of heel spur	\$1,766,430	4,968	090	2%	4%	25%	48-PODIATRY (70%)	20-ORTHOPED SURG (15%)	49-ASC (13%)
28120-Part removal of ankle/heel	\$586,308	1,700	090	1%	1%	10%	48-PODIATRY (39%)	20-ORTHOPED SURG (36%)	49-ASC (8%)
28122-Partial removal of foot bone	\$1,853,872	6,520	090	2%	2%	17%	48-PODIATRY (55%)	20-ORTHOPED SURG (28%)	49-ASC (8%)
28124-Partial removal of toe	\$4,247,304	18,529	090	4%	3%	3%	48-PODIATRY (91%)	20-ORTHOPED SURG (7%)	02-GNRL SURGERY (1%)
28126-Partial removal of toe	\$1,962,448	10,027	090	2%	2%	6%	48-PODIATRY (86%)	20-ORTHOPED SURG (14%)	70-GROUP PRAC (0%)
28140-Removal of metatarsal	\$265,999	813	090	0%	0%	29%	48-PODIATRY (47%)	20-ORTHOPED SURG (25%)	02-GNRL SURGERY (11%)
28150-Removal of toe	\$614,590	3,211	090	1%	0%	9%	48-PODIATRY (51%)	20-ORTHOPED SURG (24%)	49-ASC (11%)
28153-Partial removal of toe	\$2,171,088	12,261	090	2%	3%	58%	48-PODIATRY (95%)	20-ORTHOPED SURG (4%)	70-GROUP PRAC (0%)
28160-Partial removal of toe	\$1,977,276	10,324	090	2%	1%	58%	48-PODIATRY (81%)	20-ORTHOPED SURG (17%)	02-GNRL SURGERY (0%)
28171-Extensive foot surgery	\$9,302	20	090	0%	0%	15%	48-PODIATRY (45%)	20-ORTHOPED SURG (30%)	49-ASC (10%)
28173-Extensive foot surgery	\$65,021	181	090	0%	0%	6%	48-PODIATRY (45%)	49-ASC (31%)	20-ORTHOPED SURG (13%)
28175-Extensive foot surgery	\$63,650	199	090	0%	0%	18%	48-PODIATRY (65%)	49-ASC (23%)	20-ORTHOPED SURG (6%)
28190-Removal of foot foreign body	\$193,995	3,560	010	0%	0%	80%	48-PODIATRY (66%)	01,08-GP/FP (15%)	02-GNRL SURGERY (5%)
28192-Removal of foot foreign body	\$242,413	1,461	090	0%	0%	45%	48-PODIATRY (45%)	20-ORTHOPED SURG (20%)	02-GNRL SURGERY (13%)
28193-Removal of foot foreign body	\$184,733	837	090	0%	0%	51%	48-PODIATRY (60%)	02-GNRL SURGERY (12%)	20-ORTHOPED SURG (11%)
28200-Repair of foot tendon	\$160,437	860	090	0%	0%	32%	48-PODIATRY (51%)	05-ANESTHESIA (18%)	20-ORTHOPED SURG (17%)
28202-Repair/graft of foot tendon	\$12,497	47	090	0%	0%	9%	20-ORTHOPED SURG (45%)	48-PODIATRY (40%)	02-GNRL SURGERY (6%)
28208-Repair of foot tendon	\$280,995	1,998	090	0%	0%	32%	48-PODIATRY (77%)	20-ORTHOPED SURG (10%)	49-ASC (9%)
28210-Repair/graft of foot tendon	\$16,554	65	090	0%	0%	35%	48-PODIATRY (69%)	20-ORTHOPED SURG (25%)	49-ASC (6%)
28220-Release of foot tendon	\$141,048	697	090	0%	0%	68%	48-PODIATRY (83%)	20-ORTHOPED SURG (13%)	02-GNRL SURGERY (1%)
28222-Release of foot tendons	\$132,647	448	090	0%	0%	63%	48-PODIATRY (90%)	20-ORTHOPED SURG (6%)	49-ASC (4%)
28225-Release of foot tendon	\$126,669	1,130	090	0%	0%	48%	48-PODIATRY (75%)	20-ORTHOPED SURG (13%)	49-ASC (10%)
28226-Release of foot tendons	\$25,250	189	090	0%	0%	36%	48-PODIATRY (74%)	20-ORTHOPED SURG (20%)	49-ASC (3%)
28230-Incision of foot tendon(s)	\$304,518	2,498	090	0%	0%	64%	48-PODIATRY (79%)	20-ORTHOPED SURG (19%)	11-INTERNAL MED (0%)
28232-Incision of toe tendon	\$287,333	3,593	090	0%	0%	66%	48-PODIATRY (76%)	20-ORTHOPED SURG (22%)	02-GNRL SURGERY (0%)
28234-Incision of foot tendon	\$615,230	8,645	090	1%	0%	56%	48-PODIATRY (77%)	20-ORTHOPED SURG (21%)	70-GROUP PRAC (1%)
28236-Transfer of foot tendon	\$64,503	199	090	0%	0%	7%	20-ORTHOPED SURG (58%)	48-PODIATRY (29%)	49-ASC (7%)
28238-Revision of foot tendon	\$134,086	355	090	0%	1%	8%	48-PODIATRY (59%)	20-ORTHOPED SURG (30%)	49-ASC (10%)
28240-Release of big toe	\$122,481	1,024	090	0%	0%	40%	48-PODIATRY (57%)	20-ORTHOPED SURG (24%)	49-ASC (18%)
28250-Revision of foot fascia	\$232,696	894	090	0%	0%	23%	48-PODIATRY (68%)	20-ORTHOPED SURG (17%)	49-ASC (13%)
28260-Release of midfoot joint	\$72,981	238	090	0%	0%	30%	48-PODIATRY (70%)	49-ASC (14%)	20-ORTHOPED SURG (12%)
28261-Revision of foot tendon	\$144,488	353	090	0%	0%	48%	48-PODIATRY (71%)	49-ASC (16%)	20-ORTHOPED SURG (12%)
28262-Revision of foot and ankle	\$42,051	85	090	0%	1%	31%	48-PODIATRY (47%)	20-ORTHOPED SURG (41%)	49-ASC (5%)
28264-Release of midfoot joint	\$24,676	115	090	0%	0%	7%	49-ASC (77%)	20-ORTHOPED SURG (12%)	48-PODIATRY (11%)
28270-Release of foot contracture	\$2,777,471	20,103	090	3%	1%	73%	48-PODIATRY (92%)	20-ORTHOPED SURG (8%)	70-GROUP PRAC (0%)
28272-Release of toe joint, each	\$437,293	3,807	090	0%	0%	83%	48-PODIATRY (94%)	20-ORTHOPED SURG (6%)	49-ASC (0%)
28280-Fusion of toes	\$154,365	1,164	090	0%	0%	17%	20-ORTHOPED SURG (56%)	48-PODIATRY (28%)	49-ASC (11%)
28285-Repair of hammer toe	\$20,253,788	95,036	090	19%	11%	34%	48-PODIATRY (72%)	20-ORTHOPED SURG (15%)	49-ASC (12%)
28286-Repair of hammer toe	\$301,978	3,017	090	0%	0%	11%	48-PODIATRY (72%)	20-ORTHOPED SURG (15%)	49-ASC (12%)
28288-Partial removal of foot bone	\$1,324,148	6,144	090	1%	1%	26%	48-PODIATRY (60%)	49-ASC (27%)	20-ORTHOPED SURG (12%)
28290-Correction of bunion	\$1,664,049	4,999	090	1%	1%	27%	48-PODIATRY (46%)	20-ORTHOPED SURG (32%)	49-ASC (17%)
28292-Correction of bunion	\$9,504,367	24,781	090	9%	2%	23%	48-PODIATRY (39%)	20-ORTHOPED SURG (35%)	49-ASC (21%)
28293-Correction of bunion	\$2,848,004	5,779	090	3%	2%	8%	48-PODIATRY (71%)	20-ORTHOPED SURG (17%)	49-ASC (10%)
28294-Correction of bunion	\$398,983	851	090	0%	0%	18%	48-PODIATRY (77%)	49-ASC (12%)	20-ORTHOPED SURG (10%)
28296-Correction of bunion	\$8,926,179	17,911	090	8%	21%	15%	48-PODIATRY (67%)	20-ORTHOPED SURG (18%)	49-ASC (13%)

Procedure

First Specialty

Second Specialty

Third Specialty

28297-Correction of bunion	\$154,439	314	090	0%	5%	20-ORTHOPE SURG (51%)	48-PODIATRY (40%)	49-ASC (4%)
28298-Correction of bunion	\$1,179,044	2,528	090	1%	3%	48-PODIATRY (76%)	20-ORTHOPE SURG (12%)	49-ASC (10%)
28299-Correction of bunion	\$1,212,056	2,143	090	1%	1%	48-PODIATRY (66%)	49-ASC (21%)	20-ORTHOPE SURG (12%)
28300-Incision of heel bone	\$165,151	447	090	0%	8%	48-PODIATRY (49%)	20-ORTHOPE SURG (30%)	49-ASC (12%)
28302-Incision of ankle bone	\$13,029	34	090	0%	3%	48-PODIATRY (41%)	20-ORTHOPE SURG (32%)	49-ASC (15%)
28304-Incision of midfoot bones	\$122,195	346	090	0%	0%	48-PODIATRY (58%)	20-ORTHOPE SURG (23%)	49-ASC (10%)
28305-Incise/graft midfoot bones	\$39,935	119	090	0%	1%	48-PODIATRY (46%)	20-ORTHOPE SURG (14%)	22-PATHOLOGY (13%)
28306-Incision of metatarsal	\$936,774	3,537	090	1%	2%	48-PODIATRY (63%)	20-ORTHOPE SURG (19%)	49-ASC (15%)
28307-Incision of metatarsal	\$19,211	70	090	0%	6%	20-ORTHOPE SURG (59%)	48-PODIATRY (36%)	22-PATHOLOGY (4%)
28308-Incision of metatarsal	\$2,652,693	10,103	090	2%	4%	48-PODIATRY (76%)	49-ASC (12%)	20-ORTHOPE SURG (10%)
28309-Incision of metatarsals	\$38,710	213	090	0%	5%	05-ANESTHESIA (61%)	48-PODIATRY (15%)	20-ORTHOPE SURG (15%)
28310-Revision of big toe	\$748,258	4,261	090	1%	1%	48-PODIATRY (78%)	49-ASC (12%)	20-ORTHOPE SURG (9%)
28312-Revision of toe	\$633,615	2,687	090	1%	0%	48-PODIATRY (62%)	49-ASC (23%)	20-ORTHOPE SURG (12%)
28313-Repair deformity of toe	\$114,712	874	090	0%	5%	48-PODIATRY (71%)	20-ORTHOPE SURG (23%)	49-ASC (5%)
28315-Removal of sesamoid bone	\$749,861	3,031	090	1%	2%	48-PODIATRY (75%)	20-ORTHOPE SURG (12%)	49-ASC (11%)
28320-Repair of foot bones	\$35,019	80	090	0%	1%	20-ORTHOPE SURG (49%)	48-PODIATRY (33%)	49-ASC (6%)
28322-Repair of metatarsals	\$40,811	134	090	0%	1%	20-ORTHOPE SURG (48%)	48-PODIATRY (47%)	49-ASC (2%)
28340-Resect enlarged toe tissue	\$8,759	32	090	0%	3%	48-PODIATRY (84%)	02-GNRL SURGERY (9%)	20-ORTHOPE SURG (6%)
28341-Resect enlarged toe	\$14,675	34	090	0%	2%	48-PODIATRY (50%)	20-ORTHOPE SURG (32%)	02-GNRL SURGERY (12%)
28344-Repair extra toes)	\$1,249	6	090	0%	1%	20-ORTHOPE SURG (83%)	48-PODIATRY (17%)	(.)
28345-Repair webbed toes)	\$43,861	172	090	0%	1%	20-ORTHOPE SURG (60%)	48-PODIATRY (38%)	01-08-GP/FP (1%)
28360-Reconstruct cleft foot	\$2,009	2	090	0%	0%	05-ANESTHESIA (50%)	48-PODIATRY (50%)	(.)
28445-Repair of ankle fracture	\$61,254	159	090	0%	8%	20-ORTHOPE SURG (75%)	48-PODIATRY (14%)	01-08-GP/FP (3%)
28705-Fusion of foot bones	\$103,725	129	090	0%	2%	20-ORTHOPE SURG (87%)	48-PODIATRY (7%)	02-GNRL SURGERY (2%)
28715-Fusion of foot bones	\$892,863	1,305	090	1%	1%	20-ORTHOPE SURG (79%)	48-PODIATRY (12%)	97-PHYS ASSISTANT (2%)
28725-Fusion of foot bones	\$399,490	792	090	0%	2%	20-ORTHOPE SURG (74%)	48-PODIATRY (13%)	49-ASC (6%)
28730-Fusion of foot bones	\$278,108	571	090	0%	0%	20-ORTHOPE SURG (63%)	48-PODIATRY (25%)	49-ASC (6%)
28735-Fusion of foot bones	\$68,638	136	090	0%	4%	20-ORTHOPE SURG (56%)	48-PODIATRY (36%)	97-PHYS ASSISTANT (4%)
28737-Revision of foot bones	\$56,973	141	090	0%	7%	20-ORTHOPE SURG (54%)	48-PODIATRY (37%)	97-PHYS ASSISTANT (3%)
28740-Fusion of foot bones	\$220,518	840	090	0%	6%	20-ORTHOPE SURG (53%)	48-PODIATRY (33%)	49-ASC (9%)
28750-Fusion of big toe joint	\$716,670	2,356	090	1%	4%	20-ORTHOPE SURG (75%)	48-PODIATRY (14%)	49-ASC (8%)
28755-Fusion of big toe joint	\$417,941	1,982	090	0%	10%	48-PODIATRY (51%)	20-ORTHOPE SURG (37%)	49-ASC (10%)
28760-Fusion of big toe joint	\$165,474	566	090	0%	1%	02-GNRL SURGERY (38%)	20-ORTHOPE SURG (35%)	49-ASC (9%)
28800-Amputation of midfoot	\$415,340	940	090	0%	0%	02-GNRL SURGERY (48%)	20-ORTHOPE SURG (30%)	48-PODIATRY (8%)
28805-Amputation thru metatarsal	\$3,040,837	6,213	090	3%	0%	02-GNRL SURGERY (51%)	20-ORTHOPE SURG (19%)	77-VASCULAR SURG (12%)
28810-Amputation toe & metatarsal	\$4,509,590	15,660	090	4%	1%	02-GNRL SURGERY (40%)	20-ORTHOPE SURG (26%)	77-VASCULAR SURG (12%)
28820-Amputation of toe	\$3,186,934	17,125	090	3%	0%	02-GNRL SURGERY (40%)	20-ORTHOPE SURG (26%)	48-PODIATRY (12%)
28825-Partial amputation of toe	\$1,018,523	5,888	090	1%	0%	02-GNRL SURGERY (33%)	20-ORTHOPE SURG (27%)	48-PODIATRY (14%)

324-Orthopaedics - Lower Leg/Ankle
 Family Medicare Charges: \$12,238,204
 Family Private Payments: \$1,492,424
 Percent of CPEP Medicare Charges: 1%

Percent of CPEP Private Payments: 2%

27610-Explore/treat ankle joint	\$194,109	486	090	2%	6%	20-ORTHOPE SURG (74%)	48-PODIATRY (7%)	70-GROUP PRAC (5%)
27612-Exploration of ankle joint	\$87,707	203	090	1%	5%	20-ORTHOPE SURG (74%)	48-PODIATRY (15%)	49-ASC (4%)
27620-Explore, treat ankle joint	\$146,444	433	090	1%	2%	20-ORTHOPE SURG (76%)	48-PODIATRY (12%)	49-ASC (4%)
27625-Remove ankle joint lining	\$104,159	207	090	1%	1%	20-ORTHOPE SURG (56%)	48-PODIATRY (31%)	49-ASC (8%)
27626-Remove ankle joint lining	\$38,156	65	090	0%	5%	20-ORTHOPE SURG (72%)	48-PODIATRY (20%)	49-ASC (5%)
27647-Extensive ankle/heel surgery	\$30,015	51	090	0%	4%	20-ORTHOPE SURG (61%)	48-PODIATRY (27%)	02-GNRL SURGERY (6%)
27675-Repair lower leg tendons	\$14,601	50	090	0%	4%	20-ORTHOPE SURG (52%)	48-PODIATRY (28%)	49-ASC (8%)
27676-Repair lower leg tendons	\$8,470	19	090	0%	1%	20-ORTHOPE SURG (68%)	48-PODIATRY (21%)	49-ASC (11%)
27680-Release of lower leg tendon	\$45,467	200	090	0%	4%	20-ORTHOPE SURG (77%)	48-PODIATRY (10%)	49-ASC (6%)

Procedure	1993 MC Charges	1993 MC Units of Service	Global Period	Pct. of Family AllidChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First_Specialty	Second_Specialty	Third_Specialty
27681-Release of lower leg tendons	\$17,694	64	090	0%	0%	0%	20-ORTHOPEID SURG (50%)	48-PODIATRY (19%)	24-PLASTIC SURG (11%)
27690-Revise lower leg tendon	\$409,823	1,177	090	3%	2%	0%	20-ORTHOPEID SURG (50%)	48-PODIATRY (37%)	49-ASC (6%)
27691-Revise lower leg tendon	\$123,867	258	090	1%	2%	4%	20-ORTHOPEID SURG (73%)	48-PODIATRY (18%)	49-ASC (7%)
27692-Revise additional leg tendon	\$13,721	122	222	0%	2%	2%	20-ORTHOPEID SURG (65%)	48-PODIATRY (22%)	70-GROUP PRAC (8%)
27695-Repair of ankle ligament	\$213,149	563	090	2%	5%	2%	20-ORTHOPEID SURG (80%)	48-PODIATRY (10%)	01,08-GP/FP (2%)
27696-Repair of ankle ligaments	\$13,928	48	090	0%	4%	4%	20-ORTHOPEID SURG (60%)	70-GROUP PRAC (10%)	48-PODIATRY (8%)
27698-Repair of ankle ligament	\$173,677	289	090	1%	10%	6%	20-ORTHOPEID SURG (58%)	48-PODIATRY (31%)	49-ASC (4%)
27700-Revision of ankle joint	\$59,892	106	090	0%	0%	5%	48-PODIATRY (64%)	20-ORTHOPEID SURG (25%)	49-ASC (10%)
27702-Reconstruct ankle joint	\$95,953	79	090	1%	0%	1%	20-ORTHOPEID SURG (96%)	02-GHRL SURGERY (3%)	01,08-GP/FP (1%)
27703-Reconstruct ankle joint	\$5,239	6	090	0%	0%	0%	20-ORTHOPEID SURG (83%)	01,08-GP/FP (17%)	(.)
27704-Removal of ankle implant	\$60,280	169	090	0%	0%	4%	20-ORTHOPEID SURG (82%)	49-ASC (7%)	01,08-GP/FP (2%)
27766-Repair of ankle fracture	\$577,872	1,287	090	5%	10%	2%	20-ORTHOPEID SURG (88%)	02-GHRL SURGERY (3%)	01,08-GP/FP (2%)
27792-Repair of ankle fracture	\$1,176,281	2,833	090	10%	14%	2%	20-ORTHOPEID SURG (89%)	02-GHRL SURGERY (2%)	97-PHYS ASSISTANT (2%)
27814-Repair of ankle fracture	\$5,474,233	9,305	090	45%	28%	1%	20-ORTHOPEID SURG (89%)	03-ANESTHESIA (2%)	01,08-GP/FP (17%)
27840-Treat ankle dislocation	\$122,824	828	090	1%	1%	7%	20-ORTHOPEID SURG (38%)	95-EMERGENCY MED (31%)	01,08-GP/FP (17%)
27846-Repair ankle dislocation	\$62,251	143	090	1%	0%	2%	20-ORTHOPEID SURG (83%)	02-GHRL SURGERY (6%)	01,08-GP/FP (3%)
27870-Fusion of ankle joint	\$1,874,503	2,616	090	15%	8%	1%	20-ORTHOPEID SURG (87%)	97-PHYS ASSISTANT (3%)	48-PODIATRY (3%)
27888-Amputation of foot at ankle	\$306,278	534	090	3%	0%	1%	20-ORTHOPEID SURG (61%)	02-GHRL SURGERY (23%)	77-VASCULAR SURG (5%)
27889-Amputation of foot at ankle	\$46,838	83	090	0%	0%	2%	02-GHRL SURGERY (48%)	20-ORTHOPEID SURG (34%)	33-THORACIC SURG (5%)
28130-Removal of ankle bone	\$17,133	66	090	0%	0%	15%	20-ORTHOPEID SURG (71%)	16-OB-GYNECOLOGY (8%)	48-PODIATRY (8%)
29894-Ankle arthroscopy/surgery	\$100,117	209	090	1%	4%	7%	20-ORTHOPEID SURG (55%)	48-PODIATRY (25%)	49-ASC (12%)
29895-Ankle arthroscopy/surgery	\$209,561	394	090	2%	4%	16%	20-ORTHOPEID SURG (43%)	48-PODIATRY (39%)	49-ASC (11%)
29897-Ankle arthroscopy/surgery	\$95,446	176	090	1%	3%	1%	20-ORTHOPEID SURG (74%)	48-PODIATRY (13%)	49-ASC (10%)
29898-Ankle arthroscopy/surgery	\$320,516	486	090	3%	7%	2%	20-ORTHOPEID SURG (62%)	48-PODIATRY (24%)	49-ASC (9%)

Procedure	1993 MC Charges	1993 MC Units of Service	Global Period	Pct. of Family AllidChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First_Specialty	Second_Specialty	Third_Specialty
328-Orthopaedics - Lower Leg									
Family Medicare Charges:	\$24,749,975			2%					
Family Private Payments:	\$887,725			1%					
Percent of CPEP Medicare Charges:				2%					
Percent of CPEP Private Payments:				1%					
20832-Replantation, leg, complete			090	0%	0%	0%	(.)	(.)	(.)
20834-Replantation, leg, partial			090	0%	0%	0%	(.)	(.)	(.)
27600-Decompression of lower leg	\$161,742	935	090	1%	0%	1%	02-GHRL SURGERY (36%)	20-ORTHOPEID SURG (19%)	77-VASCULAR SURG (16%)
27601-Decompression of lower leg	\$28,451	139	090	0%	0%	2%	02-GHRL SURGERY (32%)	20-ORTHOPEID SURG (24%)	77-VASCULAR SURG (14%)
27602-Decompression of lower leg	\$411,326	1,887	090	2%	3%	1%	02-GHRL SURGERY (43%)	77-VASCULAR SURG (18%)	33-THORACIC SURG (14%)
27603-Drain lower leg lesion	\$519,600	2,806	090	2%	2%	25%	02-GHRL SURGERY (32%)	20-ORTHOPEID SURG (29%)	01,08-GP/FP (9%)
27604-Drain lower leg bursa	\$28,799	218	090	0%	0%	39%	48-PODIATRY (54%)	20-ORTHOPEID SURG (22%)	02-GHRL SURGERY (6%)
27605-Incision of achilles tendon	\$8,345	85	010	0%	0%	26%	20-ORTHOPEID SURG (52%)	02-GHRL SURGERY (14%)	48-PODIATRY (13%)
27606-Incision of achilles tendon	\$31,230	317	010	0%	0%	2%	20-ORTHOPEID SURG (88%)	48-PODIATRY (3%)	02-GHRL SURGERY (3%)
27607-Treat lower leg bone lesion	\$206,457	523	090	1%	0%	2%	20-ORTHOPEID SURG (80%)	02-GHRL SURGERY (7%)	24-PLASTIC SURG (4%)
27613-Biopsy lower leg soft tissue	\$74,735	1,060	010	0%	0%	72%	07-DERMATOLOGY (34%)	02-GHRL SURGERY (19%)	01,08-GP/FP (17%)
27614-Biopsy lower leg soft tissue	\$124,993	629	090	1%	0%	20%	20-ORTHOPEID SURG (39%)	02-GHRL SURGERY (30%)	48-PODIATRY (9%)
27615-Remove tumor, lower leg	\$255,080	403	090	1%	0%	8%	02-GHRL SURGERY (36%)	24-PLASTIC SURG (30%)	20-ORTHOPEID SURG (17%)
27618-Remove lower leg lesion	\$146,261	797	090	1%	2%	29%	20-ORTHOPEID SURG (27%)	02-GHRL SURGERY (24%)	48-PODIATRY (12%)
27619-Remove lower leg lesion	\$315,947	889	090	1%	4%	14%	20-ORTHOPEID SURG (31%)	02-GHRL SURGERY (31%)	48-PODIATRY (19%)
27630-Removal of tendon lesion	\$197,471	831	090	1%	3%	20%	20-ORTHOPEID SURG (42%)	48-PODIATRY (18%)	02-GHRL SURGERY (15%)
27635-Remove lower leg bone lesion	\$123,577	273	090	0%	5%	3%	20-ORTHOPEID SURG (71%)	02-GHRL SURGERY (7%)	49-ASC (7%)
27637-Remove/graft leg bone lesion	\$24,015	71	090	0%	0%	1%	20-ORTHOPEID SURG (85%)	02-GHRL SURGERY (4%)	01,08-GP/FP (3%)
27638-Remove/graft leg bone lesion	\$13,720	29	090	0%	0%	3%	20-ORTHOPEID SURG (76%)	49-ASC (7%)	02-GHRL SURGERY (3%)
27640-Partial removal of tibia	\$451,923	770	090	2%	4%	2%	20-ORTHOPEID SURG (72%)	24-PLASTIC SURG (9%)	02-GHRL SURGERY (6%)
27641-Partial removal of fibula	\$151,211	378	090	1%	0%	1%	20-ORTHOPEID SURG (63%)	02-GHRL SURGERY (12%)	48-PODIATRY (7%)
27645-Extensive lower leg surgery	\$28,944	43	090	0%	0%	2%	20-ORTHOPEID SURG (84%)	02-GHRL SURGERY (5%)	48-PODIATRY (5%)
27646-Extensive lower leg surgery	\$13,283	18	090	0%	0%	0%	20-ORTHOPEID SURG (61%)	24-PLASTIC SURG (22%)	02-GHRL SURGERY (6%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Service Period	Pct. of Family Allotments	Pct. of Family Privlms	Pct. of Pct. in OFFICE	First Specialty	Second Specialty	Third Specialty
27650-Repair achilles tendon	\$377,764	724	090	2%	17%	4%	20-ORTHOPE SURG (78%)	48-PODIATRY (12%)	49-ASC (3%)
27652-Repair/graft achilles tendon	\$67,739	117	090	0%	-	2%	20-ORTHOPE SURG (71%)	48-PODIATRY (20%)	01-08-GP/FP (3%)
27654-Repair of achilles tendon	\$202,951	314	090	1%	4%	3%	20-ORTHOPE SURG (65%)	48-PODIATRY (23%)	49-ASC (4%)
27656-Repair leg fascia defect	\$17,043	81	090	0%	-	17%	02-GNRL SURGERY (30%)	20-ORTHOPE SURG (27%)	24-PLASTIC SURG (9%)
27658-Repair of leg tendon, each	\$33,272	166	090	0%	-	6%	20-ORTHOPE SURG (62%)	48-PODIATRY (14%)	02-GNRL SURGERY (8%)
27659-Repair of leg tendon, each	\$28,906	160	090	0%	-	2%	20-ORTHOPE SURG (59%)	48-PODIATRY (31%)	49-ASC (5%)
27664-Repair of leg tendon, each	\$19,191	101	090	0%	-	2%	20-ORTHOPE SURG (63%)	48-PODIATRY (15%)	24-PLASTIC SURG (9%)
27665-Repair of leg tendon, each	\$11,921	58	090	0%	-	0%	20-ORTHOPE SURG (59%)	48-PODIATRY (31%)	49-ASC (3%)
27685-Revision of lower leg tendon	\$329,817	1,586	090	1%	6%	22%	48-PODIATRY (53%)	20-ORTHOPE SURG (41%)	49-ASC (3%)
27686-Revise lower leg tendons	\$51,422	211	090	0%	-	5%	20-ORTHOPE SURG (82%)	48-PODIATRY (7%)	49-ASC (3%)
27687-Revision of calf tendon	\$18,599	87	090	0%	-	9%	48-PODIATRY (63%)	20-ORTHOPE SURG (28%)	49-ASC (8%)
27705-Incision of tibia	\$92,327	209	090	0%	5%	1%	20-ORTHOPE SURG (77%)	05-ANESTHESIA (8%)	02-GNRL SURGERY (5%)
27707-Incision of fibula	\$37,068	229	090	0%	-	0%	20-ORTHOPE SURG (86%)	40-HAND SURGERY (3%)	02-GNRL SURGERY (3%)
27709-Incision of tibia & fibula	\$89,892	140	090	0%	-	1%	20-ORTHOPE SURG (89%)	02-GNRL SURGERY (4%)	01-08-GP/FP (2%)
27712-Realignment of lower leg	\$11,846	18	090	0%	-	11%	20-ORTHOPE SURG (100%)	(.)	(.)
27715-Revision of lower leg	\$16,979	29	090	0%	-	2%	20-ORTHOPE SURG (97%)	30-RADIOLOGY (3%)	(.)
27720-Repair of tibia	\$194,059	275	090	1%	-	2%	20-ORTHOPE SURG (93%)	01-08-GP/FP (2%)	02-GNRL SURGERY (2%)
27722-Repair/graft of tibia	\$18,937	35	090	0%	-	6%	20-ORTHOPE SURG (89%)	01-08-GP/FP (6%)	48-PODIATRY (3%)
27724-Repair/graft of tibia	\$563,967	616	090	2%	8%	1%	20-ORTHOPE SURG (93%)	01-08-GP/FP (2%)	70-GROUP PRAC (2%)
27725-Repair of lower leg	\$19,420	33	090	0%	-	3%	20-ORTHOPE SURG (79%)	70-GROUP PRAC (9%)	01-08-GP/FP (3%)
27727-Repair of lower leg	\$1,476	2	090	0%	-	0%	20-ORTHOPE SURG (100%)	(.)	(.)
27730-Repair of tibia epiphysis	\$3,239	16	090	0%	-	25%	20-ORTHOPE SURG (50%)	30-RADIOLOGY (19%)	01-08-GP/FP (13%)
27732-Repair of fibula epiphysis	\$1,070	3	090	0%	-	33%	01-08-GP/FP (33%)	02-GNRL SURGERY (33%)	30-RADIOLOGY (33%)
27734-Repair lower leg epiphyses	-	-	090	0%	-	-	(.)	(.)	(.)
27740-Repair of leg epiphyses	\$1,356	5	090	0%	-	80%	01-08-GP/FP (80%)	20-ORTHOPE SURG (20%)	(.)
27742-Repair of leg epiphyses	\$3,132	7	090	0%	-	0%	20-ORTHOPE SURG (71%)	02-GNRL SURGERY (14%)	95-PHYSTOL LAB (14%)
27745-Reinforce tibia	\$35,824	81	090	0%	-	6%	20-ORTHOPE SURG (91%)	97-PHYS ASSISTANT (4%)	02-GNRL SURGERY (2%)
27756-Repair of tibia fracture	\$315,740	591	090	1%	7%	2%	20-ORTHOPE SURG (90%)	01-08-GP/FP (2%)	05-ANESTHESIA (2%)
27758-Repair of tibia fracture	\$1,202,334	1,617	090	5%	17%	2%	20-ORTHOPE SURG (91%)	01-08-GP/FP (3%)	02-GNRL SURGERY (2%)
27759-Repair of tibia fracture	\$1,111,428	1,502	090	4%	-	1%	20-ORTHOPE SURG (89%)	01-08-GP/FP (2%)	02-GNRL SURGERY (2%)
27784-Repair of fibula fracture	\$63,490	221	090	0%	-	9%	20-ORTHOPE SURG (84%)	01-08-GP/FP (3%)	49-ASC (3%)
27832-Repair lower leg dislocation	\$3,122	14	090	0%	-	7%	20-ORTHOPE SURG (79%)	01-08-GP/FP (14%)	26-PSYCHIATRY (7%)
27871-Fusion of tibiofibular joint	\$31,979	68	090	0%	-	0%	20-ORTHOPE SURG (87%)	48-PODIATRY (4%)	97-PHYS ASSISTANT (3%)
27880-Amputation of lower leg	\$14,026,628	24,313	090	57%	13%	1%	02-GNRL SURGERY (51%)	20-ORTHOPE SURG (24%)	77-VASCULAR SURG (9%)
27881-Amputation of lower leg	\$861,304	1,278	090	3%	-	1%	20-ORTHOPE SURG (65%)	02-GNRL SURGERY (21%)	77-VASCULAR SURG (5%)
27882-Amputation of lower leg	\$477,013	899	090	2%	-	1%	02-GNRL SURGERY (45%)	20-ORTHOPE SURG (24%)	77-VASCULAR SURG (13%)
27884-Amputation follow-up surgery	\$311,052	1,063	090	1%	-	1%	02-GNRL SURGERY (44%)	20-ORTHOPE SURG (31%)	33-THORACIC SURG (7%)
27886-Amputation follow-up surgery	\$737,160	1,482	090	3%	-	1%	02-GNRL SURGERY (40%)	20-ORTHOPE SURG (35%)	77-VASCULAR SURG (10%)
27892-Decompression of leg	\$22,031	92	090	0%	-	1%	02-GNRL SURGERY (40%)	20-ORTHOPE SURG (25%)	24-PLASTIC SURG (10%)
27893-Decompression of leg	\$4,630	20	090	0%	-	5%	20-ORTHOPE SURG (55%)	02-GNRL SURGERY (25%)	24-PLASTIC SURG (10%)
27894-Decompression of leg	\$15,757	57	090	0%	-	0%	20-ORTHOPE SURG (35%)	02-GNRL SURGERY (33%)	24-PLASTIC SURG (12%)

332-Orthopedics - Thigh
 Family Medicare Charges: \$38,350,370
 Family Private Payments: \$710,394
 Percent of CPEP Medicare Charges: 3%
 Percent of CPEP Private Payments: 1%

27301-Drain thigh/knee lesion	\$837,552	4,260	090	2%	4%	19%	20-ORTHOPE SURG (42%)	02-GNRL SURGERY (25%)	01-08-GP/FP (7%)
27303-Drainage of bone lesion	\$209,201	559	090	1%	-	3%	20-ORTHOPE SURG (83%)	02-GNRL SURGERY (5%)	70-GROUP PRAC (4%)
27305-Incise thigh tendon & fascia	\$38,086	213	090	0%	-	3%	20-ORTHOPE SURG (57%)	02-GNRL SURGERY (17%)	33-THORACIC SURG (5%)
27306-Incision of thigh tendon	\$12,818	122	090	0%	-	1%	20-ORTHOPE SURG (83%)	02-GNRL SURGERY (8%)	24-PLASTIC SURG (2%)
27307-Incision of thigh tendons	\$20,953	133	090	0%	-	1%	20-ORTHOPE SURG (77%)	24-PLASTIC SURG (8%)	02-GNRL SURGERY (6%)
27323-Biopsy thigh soft tissues	\$47,943	507	010	0%	-	62%	07-DERMATOLOGY (36%)	02-GNRL SURGERY (18%)	20-ORTHOPE SURG (15%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Alldchs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
27324-Biopsy thigh soft tissues	\$156,351	815	090	0%	2%	9%	20-ORTHOPE SURG (48%)	02-GNRL SURGERY (31%)	01-08-GP/FP (3%)
27327-Removal of thigh lesion	\$192,171	1,034	090	1%	2%	21%	02-GNRL SURGERY (36%)	20-ORTHOPE SURG (34%)	49-ASC (6%)
27328-Removal of thigh lesion	\$444,443	1,477	090	1%	6%	6%	20-ORTHOPE SURG (45%)	02-GNRL SURGERY (35%)	24-PLASTIC SURG (4%)
27329-Remove tumor, thigh/knee	\$535,736	724	090	1%	1%	1%	02-GNRL SURGERY (41%)	20-ORTHOPE SURG (37%)	24-PLASTIC SURG (6%)
27355-Remove femur lesion	\$98,154	320	090	0%	6%	2%	20-ORTHOPE SURG (71%)	05-ANESTHESIA (16%)	01-08-GP/FP (5%)
27356-Remove femur lesion/graft	\$17,883	62	090	0%	0%	0%	20-ORTHOPE SURG (74%)	30-RADIOLOGY (11%)	02-GNRL SURGERY (4%)
27357-Remove femur lesion/graft	\$20,286	81	090	0%	0%	0%	20-ORTHOPE SURG (83%)	01-08-GP/FP (12%)	06-CARDIOLOGY (1%)
27358-Remove femur lesion/fixation	\$8,691	26	222	0%	0%	0%	20-ORTHOPE SURG (92%)	02-GNRL SURGERY (4%)	16-NEUROSURGERY (4%)
27390-Incision of thigh tendon	\$8,276	46	090	0%	0%	7%	20-ORTHOPE SURG (63%)	01-08-GP/FP (15%)	02-GNRL SURGERY (9%)
27391-Incision of thigh tendons	\$30,959	144	090	0%	0%	2%	20-ORTHOPE SURG (85%)	01-08-GP/FP (5%)	24-PLASTIC SURG (5%)
27392-Incision of thigh tendons	\$50,555	107	090	0%	0%	0%	20-ORTHOPE SURG (80%)	02-GNRL SURGERY (7%)	24-PLASTIC SURG (7%)
27393-Lengthening of thigh tendon	\$10,166	46	090	0%	0%	1%	20-ORTHOPE SURG (91%)	24-PLASTIC SURG (7%)	02-GNRL SURGERY (2%)
27394-Lengthening of thigh tendons	\$25,061	81	090	0%	0%	1%	20-ORTHOPE SURG (94%)	70-GROUP PRAC (2%)	01-08-GP/FP (1%)
27395-Lengthening of thigh tendons	\$42,738	72	090	0%	0%	0%	20-ORTHOPE SURG (90%)	02-GNRL SURGERY (4%)	24-PLASTIC SURG (4%)
27396-Transplant of thigh tendon	\$5,896	27	090	0%	0%	0%	20-ORTHOPE SURG (85%)	02-GNRL SURGERY (11%)	24-PLASTIC SURG (4%)
27397-Transplants of thigh tendons	\$2,646	6	090	0%	0%	0%	20-ORTHOPE SURG (100%)	(.)	(.)
27400-Revise thigh muscles/tendons	\$12,718	44	090	0%	0%	0%	20-ORTHOPE SURG (77%)	30-RADIOLOGY (9%)	02-GNRL SURGERY (5%)
27448-Incision of thigh	\$55,630	129	090	0%	0%	0%	20-ORTHOPE SURG (72%)	01-08-GP/FP (16%)	02-GNRL SURGERY (4%)
27450-Incision of thigh	\$147,033	221	090	0%	7%	0%	20-ORTHOPE SURG (92%)	02-GNRL SURGERY (2%)	01-08-GP/FP (1%)
27454-Realignment of thigh bone	\$38,016	78	090	0%	0%	0%	20-ORTHOPE SURG (55%)	05-ANESTHESIA (27%)	02-GNRL SURGERY (9%)
27465-Shortening of thigh bone	\$18,507	44	090	0%	0%	2%	20-ORTHOPE SURG (84%)	02-GNRL SURGERY (9%)	01-08-GP/FP (2%)
27466-Lengthening of thigh bone	\$36,869	39	090	0%	0%	3%	20-ORTHOPE SURG (87%)	01-08-GP/FP (5%)	06-CARDIOLOGY (3%)
27468-Shorten/lengthen thighs	\$5,951	8	090	0%	0%	0%	20-ORTHOPE SURG (88%)	24-PLASTIC SURG (13%)	(.)
27470-Repair of thigh	\$231,692	286	090	1%	0%	2%	20-ORTHOPE SURG (88%)	01-08-GP/FP (4%)	70-GROUP PRAC (4%)
27472-Repair/graft of thigh	\$775,564	803	090	2%	0%	1%	20-ORTHOPE SURG (90%)	01-08-GP/FP (3%)	97-PHYS ASSISTANT (2%)
27495-Reinforce thigh	\$671,922	802	090	2%	0%	1%	20-ORTHOPE SURG (89%)	70-GROUP PRAC (3%)	02-GNRL SURGERY (2%)
27496-Decompression of thigh/knee	\$4,783	32	090	0%	0%	0%	20-ORTHOPE SURG (64%)	02-GNRL SURGERY (31%)	33-THORACIC SURG (9%)
27497-Decompression of thigh/knee	\$4,884	17	090	0%	0%	6%	20-ORTHOPE SURG (65%)	02-GNRL SURGERY (24%)	33-THORACIC SURG (6%)
27498-Decompression of thigh/knee	\$8,345	33	090	0%	0%	0%	20-ORTHOPE SURG (36%)	02-GNRL SURGERY (21%)	33-THORACIC SURG (12%)
27499-Decompression of thigh/knee	\$8,676	22	090	0%	0%	0%	20-ORTHOPE SURG (64%)	02-GNRL SURGERY (23%)	24-PLASTIC SURG (5%)
27500-Treatment of thigh fracture	\$576,210	1,694	090	2%	6%	14%	20-ORTHOPE SURG (73%)	93-EMERGENCY MED (13%)	01-08-GP/FP (8%)
27501-Treatment of thigh fracture	\$372,218	986	090	1%	0%	14%	20-ORTHOPE SURG (95%)	01-08-GP/FP (1%)	70-GROUP PRAC (1%)
27502-Treatment of thigh fracture	\$772,423	1,331	090	2%	6%	4%	20-ORTHOPE SURG (96%)	01-08-GP/FP (1%)	70-GROUP PRAC (1%)
27503-Treatment of thigh fracture	\$440,000	776	090	1%	0%	5%	20-ORTHOPE SURG (96%)	01-08-GP/FP (2%)	70-GROUP PRAC (1%)
27506-Repair of thigh fracture	\$8,812,021	10,209	090	23%	54%	1%	20-ORTHOPE SURG (89%)	01-08-GP/FP (3%)	02-GNRL SURGERY (3%)
27507-Treatment of thigh fracture	\$2,086,586	2,696	090	5%	0%	1%	02-GNRL SURGERY (89%)	20-ORTHOPE SURG (16%)	77-VASCULAR SURG (9%)
27590-Amputate leg at thigh	\$18,700,548	30,213	090	49%	8%	0%	02-ORTHOPE SURG (57%)	20-ORTHOPE SURG (25%)	70-GROUP PRAC (7%)
27591-Amputate leg at thigh	\$160,132	251	090	0%	0%	0%	20-ORTHOPE SURG (61%)	02-GNRL SURGERY (27%)	77-VASCULAR SURG (9%)
27592-Amputate leg at thigh	\$294,156	522	090	1%	0%	1%	02-GNRL SURGERY (51%)	20-ORTHOPE SURG (32%)	77-VASCULAR SURG (8%)
27594-Amputation follow-up surgery	\$235,740	825	090	1%	0%	2%	02-GNRL SURGERY (44%)	20-ORTHOPE SURG (32%)	77-VASCULAR SURG (8%)
27596-Amputation follow-up surgery	\$1,071,181	2,019	090	3%	0%	0%	02-GNRL SURGERY (47%)	20-ORTHOPE SURG (29%)	77-VASCULAR SURG (7%)

336-Orthopaedics - Mand

Family Medicare Charges: \$37,989,550
Family Private Payments: \$2,327,061

Percent of CPEP Medicare Charges: 3%
Percent of CPEP Private Payments: 3%

20808-Replantation, hand, complete	\$5,031	3	090	0%	0%	33%	20-ORTHOPE SURG (67%)	01-08-GP/FP (33%)	(.)
20812-Replantation, hand, partial	\$9,778	5	090	0%	0%	0%	24-PLASTIC SURG (80%)	40-HAND SURGERY (20%)	(.)
20816-Replantation, digit, complete	\$16,997	14	090	0%	0%	0%	20-ORTHOPE SURG (57%)	24-PLASTIC SURG (29%)	02-GNRL SURGERY (7%)
20820-Replantation, digit, partial	\$46,514	40	090	0%	0%	3%	24-PLASTIC SURG (73%)	40-HAND SURGERY (15%)	20-ORTHOPE SURG (10%)
20822-Replantation, digit, complete	\$11,120	14	090	0%	0%	7%	24-PLASTIC SURG (50%)	20-ORTHOPE SURG (36%)	11-INTERNAL MED (7%)
20823-Replantation, digit, partial	\$26,181	23	090	0%	0%	13%	24-PLASTIC SURG (52%)	02-GNRL SURGERY (13%)	20-ORTHOPE SURG (13%)

1993 MC Allowed Charges 1993 MC Units of Service Global Period Pct. of Family PrivPmts Pct. of Family Vol. in OFFICE

First Specialty Second Specialty Third Specialty

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
20824-Replantation thumb, complete	\$17,028	8	090	0%	13%	24-PLASTIC SURG (75%)	04-OTOLARYNG (13%)	97-PHYS ASSISTANT (13%)
20826-Replantation, thumb, partial	\$19,119	9	090	0%	0%	20-ORTHOPE SURG (67%)	24-PLASTIC SURG (22%)	40-HAND SURGERY (11%)
20827-Replantation, thumb, complete	\$8,788	8	090	0%	13%	01,08-GP/FP (38%)	20-ORTHOPE SURG (25%)	24-PLASTIC SURG (25%)
20828-Replantation, thumb, partial	\$20,173	16	090	0%	0%	20-PLASTIC SURG (69%)	20-ORTHOPE SURG (13%)	01,08-GP/FP (6%)
25927-Amputation follow-up surgery	\$50,084	113	090	0%	2%	20-ORTHOPE SURG (42%)	02-PLASTIC SURG (20%)	02-GNRL SURGERY (19%)
25931-Amputation follow-up surgery	\$3,625	10	090	0%	0%	20-ORTHOPE SURG (40%)	02-GNRL SURGERY (20%)	33-THORACIC SURG (20%)
26010-Drainage of finger abscess	\$139,837	3,018	010	0%	70%	01,08-GP/FP (30%)	20-ORTHOPE SURG (20%)	11-INTERNAL MED (12%)
26011-Drainage of finger abscess	\$202,278	1,658	010	1%	41%	20-ORTHOPE SURG (32%)	02-GNRL SURGERY (20%)	24-PLASTIC SURG (16%)
26020-Drainage of hand tendon sheath	\$229,503	1,091	090	1%	9%	20-ORTHOPE SURG (53%)	24-PLASTIC SURG (20%)	40-HAND SURGERY (10%)
26025-Drainage of palm bursa	\$57,975	223	090	0%	9%	20-ORTHOPE SURG (47%)	24-PLASTIC SURG (19%)	40-HAND SURGERY (13%)
26030-Drainage of palm bursa(s)	\$78,697	211	090	0%	2%	20-ORTHOPE SURG (51%)	24-PLASTIC SURG (22%)	40-HAND SURGERY (11%)
26034-Treat hand bone lesion	\$141,574	507	090	0%	14%	20-ORTHOPE SURG (58%)	02-GNRL SURGERY (10%)	24-PLASTIC SURG (10%)
26035-Decompress fingers/hand	\$44,796	129	090	0%	19%	20-ORTHOPE SURG (26%)	24-PLASTIC SURG (21%)	01,08-GP/FP (16%)
26037-Decompress fingers/hand	\$51,372	144	090	0%	2%	24-PLASTIC SURG (40%)	20-ORTHOPE SURG (35%)	02-GNRL SURGERY (15%)
26040-Release palm contracture	\$244,150	764	090	1%	8%	20-ORTHOPE SURG (40%)	49-ASC (37%)	02-GNRL SURGERY (9%)
26045-Release palm contracture	\$467,281	1,515	090	1%	3%	20-ORTHOPE SURG (51%)	49-ASC (21%)	05-ANESTHESIA (9%)
26055-Incise finger tendon sheath	\$7,038,244	32,876	090	19%	6%	20-ORTHOPE SURG (65%)	49-ASC (11%)	24-PLASTIC SURG (10%)
26060-Incision of finger tendon	\$24,267	224	090	0%	19%	20-ORTHOPE SURG (37%)	49-ASC (17%)	48-PODIATRY (13%)
26070-Explore/treat hand joint	\$81,250	536	090	0%	55%	01,08-GP/FP (36%)	20-ORTHOPE SURG (21%)	02-GNRL SURGERY (14%)
26075-Explore/treat finger joint	\$102,414	576	090	0%	47%	20-ORTHOPE SURG (31%)	01,08-GP/FP (29%)	02-GNRL SURGERY (9%)
26080-Explore/treat finger joint	\$203,003	967	090	1%	22%	20-ORTHOPE SURG (48%)	40-HAND SURGERY (16%)	24-PLASTIC SURG (10%)
26100-Biopsy hand joint lining	\$19,218	104	090	0%	21%	20-ORTHOPE SURG (29%)	24-PLASTIC SURG (21%)	49-ASC (17%)
26105-Biopsy finger joint lining	\$19,248	102	090	0%	6%	20-ORTHOPE SURG (69%)	40-HAND SURGERY (14%)	24-PLASTIC SURG (6%)
26110-Biopsy finger joint lining	\$78,344	431	090	0%	11%	20-ORTHOPE SURG (44%)	40-HAND SURGERY (21%)	24-PLASTIC SURG (11%)
26115-Removal of hand lesion	\$672,495	4,083	090	2%	17%	20-ORTHOPE SURG (49%)	24-PLASTIC SURG (12%)	49-ASC (11%)
26116-Removal of hand lesion	\$907,095	3,309	090	2%	4%	20-ORTHOPE SURG (50%)	40-HAND SURGERY (16%)	24-PLASTIC SURG (15%)
26117-Remove tumor, hand/finger	\$119,756	318	090	0%	13%	20-ORTHOPE SURG (35%)	24-PLASTIC SURG (27%)	02-GNRL SURGERY (13%)
26121-Release palm contracture	\$2,642,126	4,007	090	7%	6%	20-ORTHOPE SURG (47%)	24-PLASTIC SURG (23%)	40-HAND SURGERY (13%)
26123-Release palm contracture	\$5,562,523	7,891	090	15%	3%	20-ORTHOPE SURG (50%)	24-PLASTIC SURG (24%)	40-HAND SURGERY (13%)
26125-Release palm contracture	\$1,028,105	4,226	222	3%	1%	20-ORTHOPE SURG (46%)	24-PLASTIC SURG (28%)	40-HAND SURGERY (15%)
26130-Remove wrist joint lining	\$70,255	237	090	0%	4%	20-ORTHOPE SURG (39%)	24-PLASTIC SURG (22%)	40-HAND SURGERY (15%)
26135-Revise finger joint, each	\$311,077	1,359	090	1%	2%	20-ORTHOPE SURG (54%)	40-HAND SURGERY (21%)	24-PLASTIC SURG (16%)
26140-Revise finger joint, each	\$196,028	755	090	1%	5%	20-ORTHOPE SURG (45%)	40-HAND SURGERY (25%)	24-PLASTIC SURG (14%)
26145-Tendon excision, palm/finger	\$1,396,393	4,155	090	4%	3%	20-ORTHOPE SURG (46%)	24-PLASTIC SURG (19%)	40-HAND SURGERY (17%)
26160-Remove tendon sheath lesion	\$2,034,691	11,452	090	5%	17%	20-ORTHOPE SURG (44%)	24-PLASTIC SURG (16%)	02-GNRL SURGERY (14%)
26170-Removal of palm tendon, each	\$20,490	143	090	0%	4%	20-ORTHOPE SURG (41%)	24-PLASTIC SURG (23%)	14-NEUROSURGERY (17%)
26180-Removal of finger tendon	\$27,567	136	090	0%	6%	20-ORTHOPE SURG (46%)	24-PLASTIC SURG (25%)	40-HAND SURGERY (14%)
26200-Remove hand bone lesion	\$64,418	225	090	0%	5%	20-ORTHOPE SURG (56%)	49-ASC (16%)	24-PLASTIC SURG (14%)
26205-Remove/graft bone lesion	\$5,123	12	090	0%	0%	20-ORTHOPE SURG (83%)	40-HAND SURGERY (8%)	49-ASC (8%)
26210-Removal of finger lesion	\$339,626	1,220	090	1%	10%	20-ORTHOPE SURG (46%)	24-PLASTIC SURG (19%)	49-ASC (15%)
26215-Remove/graft finger lesion	\$22,820	58	090	0%	4%	20-ORTHOPE SURG (52%)	49-ASC (14%)	40-HAND SURGERY (12%)
26230-Partial removal of hand bone	\$51,802	174	090	0%	4%	20-ORTHOPE SURG (55%)	40-HAND SURGERY (18%)	49-ASC (9%)
26235-Partial removal, finger bone	\$90,254	328	090	0%	3%	20-ORTHOPE SURG (54%)	24-PLASTIC SURG (17%)	40-HAND SURGERY (17%)
26236-Partial removal, finger bone	\$138,319	526	090	0%	9%	20-ORTHOPE SURG (47%)	24-PLASTIC SURG (23%)	40-HAND SURGERY (13%)
26250-Extensive hand surgery	\$8,314	26	090	0%	0%	20-ORTHOPE SURG (31%)	24-PLASTIC SURG (23%)	01,08-GP/FP (12%)
26255-Extensive hand surgery	\$3,966	8	090	0%	13%	20-ORTHOPE SURG (50%)	01,08-GP/FP (13%)	40-HAND SURGERY (13%)
26260-Extensive finger surgery	\$17,574	50	090	0%	10%	20-ORTHOPE SURG (38%)	24-PLASTIC SURG (32%)	40-HAND SURGERY (18%)
26261-Extensive finger surgery	\$1,389	3	090	0%	33%	01,08-GP/FP (33%)	20-ORTHOPE SURG (33%)	49-ASC (33%)
26262-Partial removal of finger	\$14,244	48	090	0%	8%	24-PLASTIC SURG (33%)	20-ORTHOPE SURG (29%)	49-ASC (15%)
26320-Removal of implant from hand	\$65,370	370	090	0%	18%	20-ORTHOPE SURG (51%)	40-HAND SURGERY (20%)	24-PLASTIC SURG (14%)
26350-Repair finger/hand tendon	\$393,695	1,193	090	1%	6%	20-ORTHOPE SURG (41%)	24-PLASTIC SURG (33%)	40-HAND SURGERY (10%)
26352-Repair/graft hand tendon	\$25,107	61	090	0%	0%	20-ORTHOPE SURG (39%)	24-PLASTIC SURG (23%)	40-HAND SURGERY (20%)

1993 MC Allowed Charges
 1993 MC Units of Service
 Global Period
 Pct. of Family Allchgs
 Pct. of Family PrivPmts
 Vol. in OFFICE

First Specialty
 Second Specialty
 Third Specialty

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Allchgs	Pct. of Family PrivPmts	Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
26356-Repair finger/hand tendon	\$386,543	961	090	1%	4%	2%	24-PLASTIC SURG (43%)	20-ORTHOPE SURG (37%)	40-HAND SURGERY (9%)
26357-Repair finger/hand tendon	\$23,963	60	090	0%	.	2%	24-PLASTIC SURG (40%)	20-ORTHOPE SURG (37%)	40-HAND SURGERY (15%)
26358-Repair/graft hand tendon	\$23,565	46	090	0%	.	2%	20-ORTHOPE SURG (41%)	24-PLASTIC SURG (26%)	40-HAND SURGERY (22%)
26370-Repair finger/hand tendon	\$130,287	324	090	0%	2%	7%	20-ORTHOPE SURG (52%)	24-PLASTIC SURG (29%)	40-HAND SURGERY (6%)
26372-Repair/graft hand tendon	\$5,863	15	090	0%	.	7%	24-PLASTIC SURG (47%)	20-ORTHOPE SURG (27%)	02-GNRL SURGERY (7%)
26373-Repair finger/hand tendon	\$7,116	19	090	0%	.	7%	20-ORTHOPE SURG (74%)	24-PLASTIC SURG (11%)	40-HAND SURGERY (11%)
26390-Revise hand/finger tendon	\$22,505	51	090	0%	.	6%	24-PLASTIC SURG (33%)	20-ORTHOPE SURG (29%)	40-HAND SURGERY (18%)
26392-Repair/graft hand tendon	\$18,636	45	090	0%	.	4%	20-ORTHOPE SURG (36%)	24-PLASTIC SURG (29%)	40-HAND SURGERY (13%)
26410-Repair hand tendon	\$288,425	1,520	090	1%	3%	7%	20-ORTHOPE SURG (49%)	24-PLASTIC SURG (25%)	40-HAND SURGERY (6%)
26412-Repair/graft hand tendon	\$26,220	82	090	0%	.	5%	24-PLASTIC SURG (46%)	24-PLASTIC SURG (33%)	20-ORTHOPE SURG (10%)
26415-Excision, hand/finger tendon	\$13,866	376	090	0%	.	8%	01-08-GP/FP (47%)	11-INTERNAL MED (24%)	20-ORTHOPE SURG (5%)
26416-Graft hand or finger tendon	\$2,303	8	090	0%	.	25%	24-PLASTIC SURG (25%)	02-GNRL SURGERY (13%)	11-INTERNAL MED (15%)
26418-Repair finger tendon	\$689,242	3,217	090	2%	7%	7%	20-ORTHOPE SURG (45%)	24-PLASTIC SURG (31%)	40-HAND SURGERY (7%)
26420-Repair/graft finger tendon	\$22,685	82	090	0%	.	7%	20-ORTHOPE SURG (40%)	24-PLASTIC SURG (34%)	40-HAND SURGERY (12%)
26426-Repair finger/hand tendon	\$148,875	396	090	0%	.	5%	20-ORTHOPE SURG (49%)	24-PLASTIC SURG (21%)	40-HAND SURGERY (20%)
26428-Repair/graft finger tendon	\$4,020	10	090	0%	.	0%	20-ORTHOPE SURG (40%)	24-PLASTIC SURG (30%)	40-HAND SURGERY (30%)
26432-Repair finger tendon	\$87,315	396	090	0%	1%	48%	20-ORTHOPE SURG (56%)	24-PLASTIC SURG (16%)	40-HAND SURGERY (12%)
26433-Repair finger tendon	\$102,437	417	090	0%	1%	11%	20-ORTHOPE SURG (50%)	24-PLASTIC SURG (27%)	40-HAND SURGERY (8%)
26434-Repair/graft finger tendon	\$3,623	17	090	0%	.	0%	20-ORTHOPE SURG (35%)	24-PLASTIC SURG (18%)	49-ASC (18%)
26437-Realignment of tendons	\$163,493	944	090	0%	.	1%	20-ORTHOPE SURG (51%)	40-HAND SURGERY (28%)	24-PLASTIC SURG (16%)
26440-Release palm/finger tendon	\$310,588	1,402	090	1%	1%	5%	20-ORTHOPE SURG (56%)	24-PLASTIC SURG (15%)	40-HAND SURGERY (13%)
26442-Release palm & finger tendon	\$72,953	342	090	0%	.	6%	20-ORTHOPE SURG (42%)	24-PLASTIC SURG (24%)	40-HAND SURGERY (23%)
26445-Release hand/finger tendon	\$105,712	702	090	0%	1%	3%	20-ORTHOPE SURG (45%)	40-HAND SURGERY (21%)	24-PLASTIC SURG (17%)
26449-Release forearm/hand tendon	\$42,789	153	090	0%	.	2%	40-HAND SURGERY (35%)	20-ORTHOPE SURG (34%)	24-PLASTIC SURG (13%)
26450-Incision of palm tendon	\$18,208	178	090	0%	.	6%	20-ORTHOPE SURG (53%)	24-PLASTIC SURG (21%)	40-HAND SURGERY (12%)
26455-Incision of finger tendon	\$22,124	220	090	0%	.	4%	20-ORTHOPE SURG (52%)	24-PLASTIC SURG (20%)	40-HAND SURGERY (12%)
26460-Incise hand/finger tendon	\$19,282	220	090	0%	.	3%	20-ORTHOPE SURG (52%)	40-HAND SURGERY (15%)	24-PLASTIC SURG (15%)
26471-Fusion of finger tendons	\$40,350	245	090	0%	.	3%	20-ORTHOPE SURG (38%)	40-HAND SURGERY (27%)	24-PLASTIC SURG (13%)
26474-Fusion of finger tendons	\$14,172	68	090	0%	.	3%	20-ORTHOPE SURG (54%)	24-PLASTIC SURG (21%)	40-HAND SURGERY (15%)
26476-Tendon lengthening	\$11,856	86	090	0%	.	1%	20-ORTHOPE SURG (63%)	24-PLASTIC SURG (10%)	40-HAND SURGERY (10%)
26477-Tendon shortening	\$13,975	155	090	0%	.	2%	20-ORTHOPE SURG (55%)	40-HAND SURGERY (24%)	24-PLASTIC SURG (15%)
26478-Lengthening of hand tendon	\$36,664	255	090	0%	.	1%	20-ORTHOPE SURG (66%)	40-HAND SURGERY (15%)	24-PLASTIC SURG (13%)
26479-Shortening of hand tendon	\$2,182	11	090	0%	.	9%	24-PLASTIC SURG (45%)	20-ORTHOPE SURG (18%)	01-08-GP/FP (9%)
26480-Transplant hand tendon	\$381,761	1,172	090	1%	2%	2%	20-ORTHOPE SURG (56%)	40-HAND SURGERY (22%)	24-PLASTIC SURG (14%)
26483-Transplant/graft hand tendon	\$58,823	163	090	0%	.	3%	20-ORTHOPE SURG (61%)	40-HAND SURGERY (16%)	24-PLASTIC SURG (10%)
26485-Transplant palm tendon	\$137,146	426	090	0%	.	2%	20-ORTHOPE SURG (46%)	40-HAND SURGERY (25%)	24-PLASTIC SURG (16%)
26489-Transplant/graft palm tendon	\$27,898	117	090	0%	.	2%	20-ORTHOPE SURG (29%)	02-GNRL SURGERY (28%)	49-ASC (12%)
26490-Revise thumb tendon	\$67,524	140	090	0%	.	5%	20-ORTHOPE SURG (49%)	40-HAND SURGERY (26%)	49-ASC (17%)
26492-Tendon transfer with graft	\$18,565	35	090	0%	.	3%	20-ORTHOPE SURG (66%)	40-HAND SURGERY (26%)	49-ASC (17%)
26494-Hand tendon/muscle transfer	\$4,180	10	090	0%	.	10%	20-ORTHOPE SURG (50%)	24-PLASTIC SURG (20%)	40-HAND SURGERY (20%)
26496-Revise thumb tendon	\$75,513	132	090	0%	.	1%	20-ORTHOPE SURG (54%)	40-HAND SURGERY (24%)	24-PLASTIC SURG (11%)
26497-Finger tendon transfer	\$24,972	61	090	0%	.	2%	20-ORTHOPE SURG (59%)	49-ASC (16%)	24-PLASTIC SURG (15%)
26498-Finger tendon transfer	\$41,630	71	090	0%	.	0%	20-ORTHOPE SURG (66%)	24-PLASTIC SURG (18%)	02-GNRL SURGERY (6%)
26499-Revision of finger	\$7,231	40	090	0%	.	6%	01-08-GP/FP (35%)	11-INTERNAL MED (23%)	20-ORTHOPE SURG (15%)
26500-Hand tendon reconstruction	\$58,494	277	090	0%	.	10%	24-PLASTIC SURG (30%)	20-ORTHOPE SURG (29%)	40-HAND SURGERY (22%)
26502-Hand tendon reconstruction	\$12,446	47	090	0%	.	6%	20-ORTHOPE SURG (45%)	24-PLASTIC SURG (30%)	40-HAND SURGERY (13%)
26504-Hand tendon reconstruction	\$706	2	090	0%	.	0%	20-ORTHOPE SURG (100%)	(.)	(.)
26508-Release thumb contracture	\$16,183	110	090	0%	.	6%	20-ORTHOPE SURG (62%)	40-HAND SURGERY (15%)	24-PLASTIC SURG (12%)
26510-Thumb tendon transfer	\$38,770	309	090	0%	.	2%	20-ORTHOPE SURG (63%)	24-PLASTIC SURG (20%)	40-HAND SURGERY (9%)
26516-Fusion of knuckle joint	\$42,632	228	090	0%	.	3%	20-ORTHOPE SURG (52%)	40-HAND SURGERY (24%)	24-PLASTIC SURG (17%)
26517-Fusion of knuckle joints	\$5,485	13	090	0%	.	0%	20-ORTHOPE SURG (46%)	24-PLASTIC SURG (31%)	40-HAND SURGERY (15%)
26518-Fusion of knuckle joints	\$7,121	27	090	0%	.	0%	20-ORTHOPE SURG (48%)	40-HAND SURGERY (19%)	02-GNRL SURGERY (11%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs. PrivPmts	Pct. of Family Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
26520-Release knuckle contracture	\$111,655	609	090	0%	3%	20-ORTHOPEID SURG (45%)	40-HAND SURGERY (24%)	24-PLASTIC SURG (18%)
26525-Release finger contracture	\$187,850	1,144	090	0%	3%	20-ORTHOPEID SURG (63%)	24-PLASTIC SURG (21%)	40-HAND SURGERY (21%)
26530-Revise knuckle joint	\$219,614	788	090	1%	1%	20-ORTHOPEID SURG (56%)	40-HAND SURGERY (19%)	49-ASC (12%)
26531-Revise knuckle with implant	\$2,021,956	6,993	090	5%	2%	20-ORTHOPEID SURG (62%)	40-HAND SURGERY (16%)	24-PLASTIC SURG (8%)
26535-Revise finger joint	\$519,039	1,405	090	1%	20%	49-ASC (35%)	48-PODIATRY (33%)	20-ORTHOPEID SURG (19%)
26536-Revise/implant finger joint	\$559,182	1,345	090	1%	7%	20-ORTHOPEID SURG (50%)	40-HAND SURGERY (17%)	49-ASC (11%)
26540-Repair hand joint	\$231,660	675	090	4%	3%	20-ORTHOPEID SURG (40%)	40-HAND SURGERY (28%)	24-PLASTIC SURG (20%)
26541-Repair hand joint with graft	\$84,568	164	090	0%	1%	20-ORTHOPEID SURG (43%)	40-HAND SURGERY (30%)	49-ASC (14%)
26542-Repair hand joint with graft	\$27,077	118	090	0%	2%	20-ORTHOPEID SURG (45%)	24-PLASTIC SURG (17%)	49-ASC (14%)
26545-Reconstruct finger joint	\$84,087	316	090	0%	3%	24-PLASTIC SURG (33%)	20-ORTHOPEID SURG (32%)	40-HAND SURGERY (23%)
26548-Reconstruct finger joint	\$88,169	240	090	0%	3%	20-ORTHOPEID SURG (40%)	24-PLASTIC SURG (32%)	40-HAND SURGERY (12%)
26550-Construct thumb replacement	\$1,342	7	090	0%	43%	01-08-GP/FP (29%)	02-GNRL SURGERY (14%)	05-ANESTHESIA (14%)
26552-Construct thumb replacement	.	.	090	.	.	(.)	(.)	(.)
26553-Positional change of finger	\$12,179	17	090	0%	0%	20-ORTHOPEID SURG (47%)	40-HAND SURGERY (24%)	24-PLASTIC SURG (12%)
26557-Construct finger replacement	.	.	090	.	.	(.)	(.)	(.)
26558-Added finger surgery	.	.	090	.	.	(.)	(.)	(.)
26559-Added finger surgery	.	.	090	.	.	(.)	(.)	(.)
26560-Repair of web finger	\$4,438	30	090	0%	3%	49-ASC (40%)	20-ORTHOPEID SURG (20%)	20-ORTHOPEID SURG (17%)
26561-Repair of web finger	\$14,074	29	090	0%	3%	24-PLASTIC SURG (52%)	20-ORTHOPEID SURG (21%)	40-HAND SURGERY (10%)
26562-Repair of web finger	\$1,917	4	090	0%	25%	24-PLASTIC SURG (50%)	01-08-GP/FP (25%)	20-ORTHOPEID SURG (25%)
26565-Correct metacarpal flaw	\$19,523	61	090	0%	0%	20-ORTHOPEID SURG (46%)	40-HAND SURGERY (25%)	24-PLASTIC SURG (21%)
26567-Correct finger deformity	\$44,309	163	090	0%	3%	20-ORTHOPEID SURG (50%)	40-HAND SURGERY (20%)	24-PLASTIC SURG (17%)
26568-Lengthen metacarpal/finger	\$8,732	19	090	0%	11%	20-ORTHOPEID SURG (58%)	40-HAND SURGERY (16%)	49-ASC (16%)
26580-Repair hand deformity	\$344	7	090	0%	7%	20-ORTHOPEID SURG (29%)	48-PODIATRY (29%)	01-08-GP/FP (14%)
26585-Repair finger deformity	\$2,168	7	090	0%	100%	18-OPHTHALMOLOGY (57%)	01-08-GP/FP (43%)	(.)
26587-Reconstruct extra finger	\$1,236	6	090	0%	33%	01-08-GP/FP (33%)	02-GNRL SURGERY (33%)	20-ORTHOPEID SURG (33%)
26590-Repair finger deformity	\$844	3	090	0%	33%	01-08-GP/FP (33%)	20-ORTHOPEID SURG (33%)	24-PLASTIC SURG (33%)
26591-Repair muscles of hand	\$17,115	137	090	0%	7%	24-PLASTIC SURG (46%)	20-ORTHOPEID SURG (20%)	40-HAND SURGERY (15%)
26593-Release muscles of hand	\$61,684	489	090	0%	1%	20-ORTHOPEID SURG (51%)	40-HAND SURGERY (30%)	24-PLASTIC SURG (14%)
26596-Excision constricting tissue	\$870	8	090	0%	75%	01-08-GP/FP (38%)	70-GROUP PRAC (25%)	11-INTERNAL MED (13%)
26597-Release of scar contracture	\$89,396	215	090	0%	3%	20-ORTHOPEID SURG (41%)	24-PLASTIC SURG (33%)	40-HAND SURGERY (9%)
26820-Thumb fusion with graft	\$42,632	100	090	0%	3%	20-ORTHOPEID SURG (62%)	49-ASC (19%)	24-PLASTIC SURG (9%)
26841-Fusion of thumb	\$219,748	570	090	1%	1%	20-ORTHOPEID SURG (76%)	49-ASC (17%)	40-HAND SURGERY (6%)
26842-Thumb fusion with graft	\$88,440	183	090	0%	1%	20-ORTHOPEID SURG (81%)	24-PLASTIC SURG (5%)	40-HAND SURGERY (5%)
26843-Fusion of hand joint	\$18,451	52	090	0%	6%	20-ORTHOPEID SURG (71%)	49-ASC (17%)	40-HAND SURGERY (6%)
26844-Fusion/graft of hand joint	\$17,072	56	090	0%	2%	20-ORTHOPEID SURG (75%)	40-HAND SURGERY (9%)	49-ASC (9%)
26850-Fusion of knuckle	\$236,391	935	090	1%	2%	20-ORTHOPEID SURG (66%)	40-HAND SURGERY (19%)	49-ASC (7%)
26852-Fusion of knuckle with graft	\$83,255	268	090	0%	1%	20-ORTHOPEID SURG (46%)	40-HAND SURGERY (29%)	24-PLASTIC SURG (12%)
26860-Fusion of finger joint	\$775,855	3,097	090	2%	2%	20-ORTHOPEID SURG (62%)	40-HAND SURGERY (17%)	24-PLASTIC SURG (10%)
26861-Fusion of finger joint, added	\$86,724	530	ZZZ	0%	2%	20-ORTHOPEID SURG (57%)	40-HAND SURGERY (18%)	24-PLASTIC SURG (12%)
26862-Fusion/graft of finger joint	\$165,392	558	090	0%	1%	20-ORTHOPEID SURG (47%)	40-HAND SURGERY (30%)	24-PLASTIC SURG (8%)
26863-Fuse/graft added joint	\$17,757	80	ZZZ	0%	3%	20-ORTHOPEID SURG (65%)	24-PLASTIC SURG (20%)	40-HAND SURGERY (9%)
26910-Amputate metacarpal bone	\$391,602	1,089	090	1%	5%	20-ORTHOPEID SURG (38%)	24-PLASTIC SURG (23%)	02-GNRL SURGERY (22%)
26951-Amputation of finger/thumb	\$1,333,100	6,765	090	4%	3%	20-ORTHOPEID SURG (46%)	24-PLASTIC SURG (18%)	02-GNRL SURGERY (18%)
26952-Amputation of finger/thumb	\$499,905	1,710	090	1%	6%	24-PLASTIC SURG (42%)	20-ORTHOPEID SURG (33%)	40-HAND SURGERY (9%)

340-Orthopedics - Wrist Joint and Surrounding Structures
 Family Medicare Charges: \$8,474,222
 Family Private Payments: \$906,328
 Percent of CPEP Medicare Charges: 1%
 Percent of CPEP Private Payments: 1%

25040-Explore/treat wrist joint
 25085-Incision of wrist capsule

24-PLASTIC SURG (8%)
 40-HAND SURGERY (15%)

20-ORTHOPEID SURG (75%)
 40-HAND SURGERY (8%)
 20-ORTHOPEID SURG (54%)
 49-ASC (23%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Specialty		
							First	Second	Third

25100-Biopsy of wrist joint	\$20,018	83	090	0%	.	6%	20-ORTHOPED SURG (46%)	40-HAND SURGERY (20%)	24-PLASTIC SURG (8%)
25101-Explore/treat wrist joint	\$69,173	230	090	1%	.	3%	20-ORTHOPED SURG (66%)	40-HAND SURGERY (14%)	24-PLASTIC SURG (9%)
25105-Remove wrist joint lining	\$333,058	906	090	4%	3%	3%	20-ORTHOPED SURG (51%)	40-HAND SURGERY (16%)	24-PLASTIC SURG (12%)
25107-Remove wrist joint cartilage	\$14,526	61	090	0%	.	2%	20-ORTHOPED SURG (75%)	40-HAND SURGERY (20%)	49-ASC (5%)
25111-Remove wrist tendon lesion	\$1,332,646	5,783	090	16%	50%	8%	20-ORTHOPED SURG (42%)	02-GNRL SURGERY (27%)	24-PLASTIC SURG (10%)
25112-Remove wrist tendon lesion	\$128,942	456	090	2%	7%	6%	20-ORTHOPED SURG (36%)	02-GNRL SURGERY (25%)	24-PLASTIC SURG (21%)
25118-Excise wrist tendon sheath	\$506,289	1,509	090	6%	4%	2%	20-ORTHOPED SURG (54%)	40-HAND SURGERY (21%)	24-PLASTIC SURG (14%)
25119-Partial removal of ulna	\$120,450	311	090	1%	.	2%	20-ORTHOPED SURG (65%)	40-HAND SURGERY (21%)	40-HAND SURGERY (8%)
25130-Removal of wrist lesion	\$27,790	117	090	0%	.	2%	20-ORTHOPED SURG (47%)	49-ASC (17%)	40-HAND SURGERY (16%)
25135-Remove & graft wrist lesion	\$6,349	3	090	0%	.	4%	20-ORTHOPED SURG (86%)	01,08-GP/FP (4%)	24-PLASTIC SURG (4%)
25136-Remove & graft wrist lesion	\$1,083	8	090	0%	.	0%	20-ORTHOPED SURG (100%)	(.)	(.)
25150-Partial removal of ulna	\$36,918	128	090	0%	.	9%	20-ORTHOPED SURG (64%)	49-ASC (12%)	01,08-GP/FP (9%)
25210-Removal of wrist bone	\$134,772	733	090	2%	.	1%	20-ORTHOPED SURG (46%)	40-HAND SURGERY (32%)	49-ASC (8%)
25215-Removal of wrist bones	\$66,918	156	090	1%	.	3%	20-ORTHOPED SURG (65%)	40-HAND SURGERY (19%)	49-ASC (4%)
25230-Partial removal of radius	\$49,767	187	090	1%	.	4%	20-ORTHOPED SURG (58%)	40-HAND SURGERY (12%)	49-ASC (12%)
25240-Partial removal of ulna	\$489,912	1,774	090	6%	3%	1%	20-ORTHOPED SURG (70%)	40-HAND SURGERY (16%)	49-ASC (5%)
25250-Removal of wrist prosthesis	\$15,134	67	090	0%	.	3%	20-ORTHOPED SURG (75%)	40-HAND SURGERY (10%)	24-PLASTIC SURG (7%)
25251-Removal of wrist prosthesis	\$8,266	24	090	0%	.	0%	20-ORTHOPED SURG (65%)	40-HAND SURGERY (25%)	24-PLASTIC SURG (4%)
25300-Fusion of tendons at wrist	\$21,177	69	090	0%	.	10%	20-ORTHOPED SURG (58%)	02-GNRL SURGERY (12%)	49-ASC (10%)
25301-Fusion of tendons at wrist	\$30,932	101	090	0%	.	1%	20-ORTHOPED SURG (43%)	40-HAND SURGERY (36%)	24-PLASTIC SURG (13%)
25320-Repair/revise wrist joint	\$186,532	350	090	2%	.	1%	20-ORTHOPED SURG (50%)	40-HAND SURGERY (28%)	24-PLASTIC SURG (11%)
25330-Revise wrist joint	\$92,310	172	090	1%	.	5%	20-ORTHOPED SURG (45%)	40-HAND SURGERY (31%)	24-PLASTIC SURG (8%)
25331-Revise wrist joint	\$73,160	85	090	1%	.	1%	20-ORTHOPED SURG (67%)	40-HAND SURGERY (19%)	02-GNRL SURGERY (5%)
25332-Revise wrist joint	\$30,999	48	090	0%	.	4%	20-ORTHOPED SURG (60%)	40-HAND SURGERY (15%)	24-PLASTIC SURG (8%)
25335-Realignment of hand	\$990	2	090	0%	.	0%	24-PLASTIC SURG (100%)	(.)	(.)
25337-Reconstruct ulna/radioulnar							(.)	(.)	(.)
25440-Repair/graft wrist bone	\$50,412	87	090	1%	6%	5%	20-ORTHOPED SURG (71%)	40-HAND SURGERY (9%)	49-ASC (7%)
25441-Reconstruct wrist joint	\$10,772	15	090	0%	.	0%	20-ORTHOPED SURG (67%)	40-HAND SURGERY (13%)	24-PLASTIC SURG (7%)
25442-Reconstruct wrist joint	\$27,321	66	090	0%	.	3%	20-ORTHOPED SURG (64%)	24-PLASTIC SURG (15%)	40-HAND SURGERY (14%)
25443-Reconstruct wrist joint	\$18,475	30	090	0%	.	0%	20-ORTHOPED SURG (63%)	24-PLASTIC SURG (13%)	40-HAND SURGERY (7%)
25444-Reconstruct wrist joint	\$6,194	11	090	0%	.	9%	20-ORTHOPED SURG (82%)	24-PLASTIC SURG (9%)	49-ASC (9%)
25445-Reconstruct wrist joint	\$552,360	877	090	7%	4%	2%	20-ORTHOPED SURG (57%)	40-HAND SURGERY (21%)	24-PLASTIC SURG (9%)
25446-Wrist replacement	\$206,970	163	090	2%	.	1%	20-ORTHOPED SURG (78%)	40-HAND SURGERY (15%)	24-PLASTIC SURG (2%)
25447-Repair wrist joint(s)	\$1,192,550	1,819	090	14%	9%	1%	20-ORTHOPED SURG (60%)	40-HAND SURGERY (21%)	24-PLASTIC SURG (7%)
25449-Remove wrist joint implant	\$42,298	73	090	0%	.	0%	20-ORTHOPED SURG (59%)	40-HAND SURGERY (19%)	49-ASC (10%)
25800-Fusion of wrist joint	\$217,795	375	090	3%	.	3%	20-ORTHOPED SURG (66%)	40-HAND SURGERY (16%)	24-PLASTIC SURG (5%)
25805-Fusion/graft of wrist joint	\$75,596	107	090	1%	.	3%	20-ORTHOPED SURG (73%)	40-HAND SURGERY (20%)	49-ASC (6%)
25810-Fusion/graft of wrist joint	\$59,598	763	090	6%	5%	3%	20-ORTHOPED SURG (66%)	40-HAND SURGERY (17%)	24-PLASTIC SURG (5%)
25820-Fusion of hand bones	\$32,906	80	090	0%	.	3%	20-ORTHOPED SURG (55%)	40-HAND SURGERY (26%)	24-PLASTIC SURG (10%)
25825-Fusion hand bones with graft	\$204,773	319	090	0%	2%	2%	20-ORTHOPED SURG (61%)	40-HAND SURGERY (24%)	24-PLASTIC SURG (4%)
25920-Amputate hand at wrist	\$41,123	85	090	0%	.	0%	20-ORTHOPED SURG (36%)	02-GNRL SURGERY (31%)	24-PLASTIC SURG (19%)
25922-Amputate hand at wrist	\$2,613	7	090	0%	.	14%	20-ORTHOPED SURG (43%)	02-GNRL SURGERY (29%)	40-HAND SURGERY (14%)
25924-Amputation follow-up surgery	\$1,496	8	090	0%	.	50%	11-INTERNAL MED (38%)	20-ORTHOPED SURG (38%)	40-HAND SURGERY (13%)
29840-Wrist arthroscopy	\$34,702	122	090	0%	.	6%	20-ORTHOPED SURG (49%)	49-ASC (34%)	40-HAND SURGERY (8%)
29843-Wrist arthroscopy/surgery	\$6,244	17	090	0%	.	0%	20-ORTHOPED SURG (41%)	02-GNRL SURGERY (29%)	40-HAND SURGERY (24%)
29844-Wrist arthroscopy/surgery	\$24,214	67	090	0%	.	0%	20-ORTHOPED SURG (61%)	49-ASC (27%)	40-HAND SURGERY (7%)
29845-Wrist arthroscopy/surgery	\$19,637	62	090	0%	.	0%	20-ORTHOPED SURG (53%)	40-HAND SURGERY (16%)	49-ASC (11%)
29846-Wrist arthroscopy/surgery	\$95,158	157	090	1%	5%	3%	20-ORTHOPED SURG (68%)	49-ASC (17%)	40-HAND SURGERY (11%)
29847-Wrist arthroscopy/surgery	\$11,477	32	090	0%	.	16%	20-ORTHOPED SURG (56%)	40-HAND SURGERY (19%)	01,08-GP/FP (9%)
29848-Wrist arthroscopy/surgery	\$1,191,334	4,882	090	14%	.	1%	20-ORTHOPED SURG (66%)	40-HAND SURGERY (14%)	24-PLASTIC SURG (10%)

344-Orthopaedics - Forearm

Procedure	1993 MC Allowed Charges		1993 MC Units of Service		Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	Specialty		
	Family Private Payments:	\$7,838,531	Global Period	Global Period			First Specialty	Second Specialty	Third Specialty
Family Medicare Charges:	\$7,838,531		1%						
Family Private Payments:	\$471,312		1%						
Percent of CPEP Medicare Charges:			1%						
Percent of CPEP Private Payments:			1%						
20805-Replant forearm, complete	\$75	2	0%	0%		100%	11-INTERNAL MED (50%)	20-ORTHOPED SURG (50%)	(.)
20806-Replantation, forearm, partial				0%			(.)	(.)	(.)
24495-Decompression of forearm	\$50,794	135	1%	0%		1%	02-GNRL SURGERY (23%)	20-ORTHOPED SURG (22%)	77-VASCULAR SURG (17%)
24635-Repair elbow fracture	\$382,791	566	5%	0%		2%	20-ORTHOPED SURG (88%)	20-GROUP PRAC (4%)	40-HAND SURGERY (2%)
25000-Incision of tendon sheath	\$616,483	2,548	8%	19%		9%	49-ASC (10%)	49-ASC (10%)	40-HAND SURGERY (7%)
25020-Decompression of forearm	\$134,985	515	2%	0%		3%	20-ORTHOPED SURG (47%)	02-GNRL SURGERY (17%)	24-PLASTIC SURG (13%)
25023-Decompression of forearm	\$59,397	135	1%	0%		6%	20-ORTHOPED SURG (36%)	49-ASC (20%)	24-PLASTIC SURG (14%)
25028-Drainage of forearm lesion	\$180,144	1,064	2%	0%		19%	20-ORTHOPED SURG (33%)	02-GNRL SURGERY (31%)	01,08-GP/FP (9%)
25031-Drainage of forearm bursa	\$11,886	67	0%	0%		57%	20-ORTHOPED SURG (31%)	01,08-GP/FP (24%)	02-GNRL SURGERY (16%)
25035-Treat forearm bone lesion	\$26,915	117	0%	0%		3%	20-ORTHOPED SURG (87%)	01,08-GP/FP (3%)	02-GNRL SURGERY (3%)
25065-Biopsy forearm soft tissues	\$65,837	895	1%	0%		78%	07-DERMATOLOGY (46%)	01,08-GP/FP (16%)	24-PLASTIC SURG (12%)
25066-Biopsy forearm soft tissues	\$45,078	330	1%	0%		11%	20-ORTHOPED SURG (44%)	02-GNRL SURGERY (23%)	24-PLASTIC SURG (12%)
25075-Removal of forearm lesion	\$231,636	1,406	3%	4%		24%	02-GNRL SURGERY (31%)	20-ORTHOPED SURG (30%)	24-PLASTIC SURG (10%)
25076-Removal of forearm lesion	\$275,618	1,130	4%	7%		9%	20-ORTHOPED SURG (40%)	02-GNRL SURGERY (22%)	24-PLASTIC SURG (11%)
25107-Remove tumor, forearm/wrist	\$150,310	252	2%	0%		7%	02-GNRL SURGERY (29%)	24-PLASTIC SURG (26%)	20-ORTHOPED SURG (23%)
25110-Remove wrist tendon lesion	\$106,427	620	1%	3%		20%	20-ORTHOPED SURG (48%)	02-GNRL SURGERY (15%)	01,08-GP/FP (12%)
25115-Remove wrist/forearm lesion	\$2,253,522	4,623	29%	25%		3%	20-ORTHOPED SURG (51%)	40-HAND SURGERY (19%)	24-PLASTIC SURG (18%)
25116-Remove wrist/forearm lesion	\$702,173	1,469	9%	9%		3%	20-ORTHOPED SURG (56%)	40-HAND SURGERY (17%)	24-PLASTIC SURG (12%)
25120-Removal of forearm lesion	\$46,684	133	0%	1%		13%	20-ORTHOPED SURG (73%)	24-PLASTIC SURG (8%)	02-GNRL SURGERY (5%)
25125-Remove/graft forearm lesion	\$4,291	13	0%	0%		15%	20-ORTHOPED SURG (46%)	40-HAND SURGERY (23%)	02-GNRL SURGERY (15%)
25126-Remove/graft forearm lesion	\$3,721	10	0%	0%		0%	20-ORTHOPED SURG (90%)	40-HAND SURGERY (10%)	(.)
25145-Remove forearm bone lesion	\$12,505	42	0%	0%		12%	20-ORTHOPED SURG (67%)	48-PODIATRY (10%)	24-PLASTIC SURG (7%)
25151-Partial removal of radius	\$19,694	60	0%	0%		2%	20-ORTHOPED SURG (70%)	40-HAND SURGERY (17%)	49-ASC (5%)
25170-Extensive forearm surgery	\$16,664	37	0%	0%		0%	20-ORTHOPED SURG (68%)	24-PLASTIC SURG (8%)	49-ASC (8%)
25248-Remove forearm foreign body	\$63,276	345	1%	0%		32%	02-GNRL SURGERY (39%)	01,08-GP/FP (18%)	20-ORTHOPED SURG (18%)
25260-Repair forearm tendon/muscle	\$236,032	1,054	3%	16%		3%	20-ORTHOPED SURG (41%)	24-PLASTIC SURG (35%)	02-GNRL SURGERY (9%)
25263-Repair forearm tendon/muscle	\$21,783	81	0%	0%		6%	20-ORTHOPED SURG (40%)	24-PLASTIC SURG (31%)	40-HAND SURGERY (14%)
25265-Repair forearm tendon/muscle	\$13,870	35	0%	0%		0%	20-ORTHOPED SURG (63%)	24-PLASTIC SURG (17%)	49-ASC (11%)
25270-Repair forearm tendon/muscle	\$122,274	740	2%	9%		3%	20-ORTHOPED SURG (59%)	24-PLASTIC SURG (18%)	40-HAND SURGERY (9%)
25272-Repair forearm tendon/muscle	\$22,840	125	0%	2%		1%	20-ORTHOPED SURG (66%)	40-HAND SURGERY (15%)	24-PLASTIC SURG (12%)
25274-Repair forearm tendon/muscle	\$29,294	95	0%	0%		3%	20-ORTHOPED SURG (52%)	40-HAND SURGERY (17%)	24-PLASTIC SURG (13%)
25280-Revise wrist/forearm tendon	\$121,521	711	2%	0%		5%	20-ORTHOPED SURG (59%)	40-HAND SURGERY (23%)	24-PLASTIC SURG (12%)
25290-Incise wrist/forearm tendon	\$97,119	739	1%	1%		2%	20-ORTHOPED SURG (71%)	24-PLASTIC SURG (14%)	40-HAND SURGERY (12%)
25295-Release wrist/forearm tendon	\$185,475	1,036	2%	3%		1%	20-ORTHOPED SURG (56%)	40-HAND SURGERY (19%)	24-PLASTIC SURG (15%)
25310-Transplant forearm tendon	\$609,349	1,869	8%	5%		1%	20-ORTHOPED SURG (55%)	40-HAND SURGERY (23%)	24-PLASTIC SURG (11%)
25312-Transplant forearm tendon	\$32,587	104	0%	0%		1%	20-ORTHOPED SURG (54%)	40-HAND SURGERY (27%)	24-PLASTIC SURG (10%)
25315-Revise palsy hand tendon(s)	\$21,724	35	0%	0%		0%	20-ORTHOPED SURG (60%)	24-PLASTIC SURG (20%)	13-NEUROLOGY (9%)
25316-Revise palsy hand tendon(s)	\$7,633	11	0%	0%		0%	20-ORTHOPED SURG (73%)	02-GNRL SURGERY (9%)	24-PLASTIC SURG (9%)
25350-Revision of radius	\$43,376	102	0%	0%		0%	20-ORTHOPED SURG (80%)	40-HAND SURGERY (11%)	49-ASC (4%)
25355-Revision of radius	\$3,169	7	0%	0%		0%	20-ORTHOPED SURG (29%)	49-ASC (29%)	01,08-GP/FP (14%)
25360-Revision of ulna	\$39,092	132	0%	0%		1%	20-ORTHOPED SURG (71%)	24-PLASTIC SURG (6%)	02-GNRL SURGERY (5%)
25365-Revise radius & ulna	\$7,092	13	0%	0%		0%	20-ORTHOPED SURG (85%)	49-ASC (15%)	(.)
25370-Revise radius or ulna	\$1,282	4	0%	0%		25%	01,08-GP/FP (50%)	20-ORTHOPED SURG (50%)	(.)
25375-Revise radius & ulna	\$63,409	128	0%	1%		2%	20-ORTHOPED SURG (74%)	40-HAND SURGERY (14%)	24-PLASTIC SURG (3%)
25390-Shorten radius/ulna	\$18,047	27	0%	0%		0%	20-ORTHOPED SURG (70%)	40-HAND SURGERY (19%)	24-PLASTIC SURG (4%)
25391-Lengthen radius/ulna	\$4,266	6	0%	0%		0%	20-ORTHOPED SURG (83%)	40-HAND SURGERY (17%)	(.)
25392-Shorten radius & ulna	\$3,477	5	0%	0%		0%	20-ORTHOPED SURG (40%)	24-PLASTIC SURG (40%)	49-ASC (20%)
25400-Repair radius or ulna	\$75,496	131	1%	0%		2%	20-ORTHOPED SURG (83%)	40-HAND SURGERY (5%)	49-ASC (2%)

25405-Repair/graft radius or ulna	\$285,923	401	090	4%	2%	20-ORTHOPED SURG (80%)	40-HAND SURGERY (7%)	97-PHYS ASSISTANT (3%)
25415-Repair radius & ulna	\$18,283	35	090	0%	23%	20-ORTHOPED SURG (69%)	01-08-GP/FP (11%)	06-CARDIOLOGY (6%)
25420-Repair/graft radius & ulna	\$72,977	85	090	1%	17%	20-ORTHOPED SURG (89%)	40-HAND SURGERY (5%)	01-08-GP/FP (2%)
25425-Repair/graft radius or ulna	\$10,675	24	090	0%	0%	20-ORTHOPED SURG (88%)	40-HAND SURGERY (4%)	70-GRUP PRAC (4%)
25426-Repair/graft radius & ulna	\$1,617	2	090	0%	0%	20-ORTHOPED SURG (50%)	40-HAND SURGERY (50%)	(.)
25450-Revision of wrist joint	\$3,022	8	090	0%	0%	34-UROLOGY (63%)	01-08-GP/FP (13%)	02-GNRL SURGERY (13%)
25455-Revision of wrist joint	\$2,671	5	090	0%	0%	20-ORTHOPED SURG (60%)	49-ASC (40%)	24-PLASTIC SURG (20%)
25490-Reinforce radius	\$5,694	12	090	0%	0%	20-ORTHOPED SURG (83%)	40-HAND SURGERY (8%)	90-MED ONCOLOGY (8%)
25491-Reinforce ulna	\$2,018	4	090	0%	0%	20-ORTHOPED SURG (100%)	(.)	(.)
25492-Reinforce radius and ulna	\$22,423	25	090	0%	88%	20-ORTHOPED SURG (96%)	02-GNRL SURGERY (4%)	(.)
25526-Repair fracture of radius	\$26,843	36	090	0%	0%	20-ORTHOPED SURG (86%)	01-08-GP/FP (6%)	40-HAND SURGERY (6%)
25830-Fusion radioulnar jnt/ulna	\$114,733	245	090	1%	(.)	(.)	(.)	(.)
25900-Amputation of forearm	\$9,404	20	090	0%	2%	20-ORTHOPED SURG (34%)	02-GNRL SURGERY (30%)	24-PLASTIC SURG (19%)
25905-Amputation follow-up surgery	\$5,898	18	090	0%	0%	20-ORTHOPED SURG (45%)	02-GNRL SURGERY (25%)	24-PLASTIC SURG (15%)
25909-Amputation follow-up surgery	\$10,182	25	090	0%	6%	02-GNRL SURGERY (33%)	77-VASCULAR SURG (28%)	20-ORTHOPED SURG (17%)
25915-Amputation of forearm	\$1,055	1	090	0%	0%	20-ORTHOPED SURG (48%)	40-HAND SURGERY (16%)	02-GNRL SURGERY (12%)
						20-ORTHOPED SURG (100%)	(.)	(.)

348-Orthopaedics - Elbow Joint and Surrounding Structures

Family Medicare Charges: \$4,600,043
Family Private Payments: \$351,552
Percent of CPEP Medicare Payments: 0%
Percent of CPEP Private Payments: 0%

24000-Exploratory elbow surgery	\$163,001	379	090	4%	7%	20-ORTHOPED SURG (77%)	01-08-GP/FP (6%)	02-GNRL SURGERY (4%)
24006-Release elbow joint	\$17,428	52	090	0%	2%	20-ORTHOPED SURG (81%)	40-HAND SURGERY (12%)	24-PLASTIC SURG (4%)
24100-Biopsy/elbow joint lining	\$5,567	23	090	0%	9%	20-ORTHOPED SURG (74%)	01-08-GP/FP (9%)	02-GNRL SURGERY (9%)
24101-Explore/treat elbow joint	\$203,579	428	090	4%	15%	20-ORTHOPED SURG (90%)	49-ASC (4%)	40-HAND SURGERY (2%)
24102-Remove elbow joint lining	\$203,837	327	090	4%	2%	20-ORTHOPED SURG (70%)	40-HAND SURGERY (9%)	02-GNRL SURGERY (6%)
24105-Removal of elbow bursa	\$1,223,648	4,838	090	27%	6%	20-ORTHOPED SURG (69%)	02-GNRL SURGERY (15%)	49-ASC (7%)
24120-Remove elbow lesion	\$115,930	315	090	3%	7%	20-ORTHOPED SURG (40%)	01-08-GP/FP (20%)	02-GNRL SURGERY (20%)
24126-Remove/graft bone lesion	\$1,114	5	090	0%	40%	20-ORTHOPED SURG (40%)	01-08-GP/FP (20%)	02-GNRL SURGERY (20%)
24130-Removal of head of radius	\$883	5	090	0%	20%	20-ORTHOPED SURG (84%)	49-ASC (3%)	02-GNRL SURGERY (3%)
24136-Remove radius bone lesion	\$229,353	721	090	5%	1%	05-ANESTHESIA (59%)	19-ORAL SURGERY (12%)	20-ORTHOPED SURG (12%)
24138-Remove elbow bone lesion	\$3,010	17	090	0%	6%	20-ORTHOPED SURG (79%)	02-GNRL SURGERY (6%)	49-ASC (6%)
24145-Partial removal of radius	\$18,496	48	090	0%	0%	20-ORTHOPED SURG (73%)	49-ASC (8%)	02-GNRL SURGERY (5%)
24147-Partial removal of elbow	\$17,470	60	090	0%	2%	20-ORTHOPED SURG (86%)	49-ASC (3%)	02-GNRL SURGERY (2%)
24152-Extensive radius surgery	\$136,376	345	090	3%	2%	20-ORTHOPED SURG (44%)	40-HAND SURGERY (25%)	04-OTOLARYNG (13%)
24153-Extensive radius surgery	\$7,265	16	090	0%	13%	34-UROLOGY (40%)	01-08-GP/FP (20%)	40-HAND SURGERY (8%)
24155-Removal of elbow joint	\$260	5	090	0%	80%	20-ORTHOPED SURG (60%)	01-08-GP/FP (12%)	01-08-GP/FP (2%)
24160-Remove elbow joint implant	\$14,527	25	090	0%	8%	20-ORTHOPED SURG (88%)	49-ASC (5%)	40-HAND SURGERY (2%)
24164-Remove radius head implant	\$37,590	132	090	1%	0%	20-ORTHOPED SURG (72%)	40-HAND SURGERY (15%)	01-08-GP/FP (2%)
24301-Muscle/tendon transfer	\$10,214	39	090	0%	0%	20-ORTHOPED SURG (70%)	24-PLASTIC SURG (7%)	01-08-GP/FP (3%)
24305-Arm tendon lengthening	\$46,433	115	090	1%	6%	20-ORTHOPED SURG (68%)	24-PLASTIC SURG (12%)	40-HAND SURGERY (4%)
24330-Revision of arm muscles	\$15,510	98	090	0%	7%	20-ORTHOPED SURG (57%)	40-HAND SURGERY (18%)	40-HAND SURGERY (12%)
24331-Revision of arm muscles	\$11,667	28	090	0%	3%	40-HAND SURGERY (63%)	20-ORTHOPED SURG (38%)	24-PLASTIC SURG (14%)
24340-Revision of arm muscles	\$6,265	8	090	0%	0%	20-ORTHOPED SURG (82%)	01-08-GP/FP (6%)	(.)
24340-Repair of biceps tendon	\$26,711	72	090	1%	4%	20-ORTHOPED SURG (85%)	02-GNRL SURGERY (4%)	02-GNRL SURGERY (6%)
24342-Repair of ruptured tendon	\$82,236	137	090	2%	11%	20-ORTHOPED SURG (82%)	02-GNRL SURGERY (4%)	01-08-GP/FP (2%)
24350-Repair of tennis elbow	\$71,398	161	090	2%	3%	20-ORTHOPED SURG (86%)	49-ASC (19%)	40-HAND SURGERY (3%)
24351-Repair of tennis elbow	\$46,475	260	090	1%	10%	20-ORTHOPED SURG (86%)	49-ASC (8%)	40-HAND SURGERY (3%)
24352-Repair of tennis elbow	\$18,888	56	090	0%	5%	20-ORTHOPED SURG (95%)	49-ASC (4%)	40-HAND SURGERY (2%)
24354-Repair of tennis elbow	\$10,191	29	090	0%	0%	20-ORTHOPED SURG (93%)	49-ASC (7%)	(.)
24356-Revision of tennis elbow	\$121,112	284	090	3%	11%	20-ORTHOPED SURG (83%)	40-HAND SURGERY (10%)	49-ASC (5%)

Procedure First Specialty Second Specialty Third Specialty

24360-Reconstruct elbow joint	\$37,652	48	090	0%	1%	2%	20-ORTHOPE SURG (83%)	01,08-GP/FP (8%)	11-INTERNAL MED (2%)
24361-Reconstruct elbow joint	\$8,492	15	090	0%	7%	7%	20-ORTHOPE SURG (80%)	11-INTERNAL MED (7%)	70-GROUP PRAC (7%)
24362-Reconstruct elbow joint	\$9,331	68	090	0%	8%	8%	01,08-GP/FP (66%)	20-ORTHOPE SURG (12%)	11-INTERNAL MED (9%)
24363-Replace elbow joint	\$754,840	487	090	16%	0%	1%	20-ORTHOPE SURG (92%)	40-HAND SURGERY (4%)	70-GROUP PRAC (2%)
24365-Reconstruct head of radius	\$12,821	31	090	0%	0%	3%	20-ORTHOPE SURG (82%)	01,08-GP/FP (3%)	70-GROUP PRAC (3%)
24366-Reconstruct head of radius	\$47,476	85	090	1%	0%	2%	20-ORTHOPE SURG (86%)	49-ASC (5%)	05-ANESTHESIA (3%)
24470-Revision of elbow joint	\$99,909	8	090	0%	0%	50%	01,08-GP/FP (38%)	04-OTOLARYNG (13%)	20-ORTHOPE SURG (13%)
24575-Repair humerus fracture	\$497,664	219	090	2%	9%	2%	20-ORTHOPE SURG (84%)	05-ANESTHESIA (5%)	01,08-GP/FP (3%)
24586-Repair elbow fracture	\$39,893	594	090	11%	0%	2%	20-ORTHOPE SURG (89%)	01,08-GP/FP (3%)	02-GHRL SURGERY (3%)
24587-Repair elbow fracture	\$101,646	54	090	1%	0%	0%	20-ORTHOPE SURG (87%)	02-GHRL SURGERY (4%)	11-INTERNAL MED (4%)
24615-Repair elbow dislocation	\$10,804	200	090	0%	1%	4%	20-ORTHOPE SURG (87%)	01,08-GP/FP (4%)	70-GROUP PRAC (3%)
24800-Fusion of elbow joint	\$4,312	5	090	0%	0%	13%	20-ORTHOPE SURG (79%)	01,08-GP/FP (4%)	02-GHRL SURGERY (4%)
29830-Elbow arthroscopy	\$8,937	31	090	0%	0%	3%	20-ORTHOPE SURG (80%)	40-HAND SURGERY (20%)	(.)
29834-Elbow arthroscopy/surgery	\$27,979	85	090	1%	0%	1%	20-ORTHOPE SURG (87%)	49-ASC (6%)	70-GROUP PRAC (6%)
29835-Elbow arthroscopy/surgery	\$12,311	38	090	0%	0%	1%	20-ORTHOPE SURG (89%)	49-ASC (7%)	01,08-GP/FP (1%)
29836-Elbow arthroscopy/surgery	\$14,027	42	090	0%	0%	0%	20-ORTHOPE SURG (74%)	70-GROUP PRAC (10%)	49-ASC (7%)
29837-Elbow arthroscopy/surgery	\$11,852	34	090	0%	0%	6%	20-ORTHOPE SURG (85%)	01,08-GP/FP (3%)	33-THORACIC SURG (3%)
29838-Elbow arthroscopy/surgery	\$32,003	66	090	1%	0%	2%	20-ORTHOPE SURG (80%)	49-ASC (9%)	14-NEUROSURGERY (3%)

352-Orthopaedics - Upper Arm
 Family Medicare Charges: \$4,713,324
 Family Private Payments: \$188,983

Percent of CPEP Medicare Charges: 0%
 Percent of CPEP Private Payments: 0%

20802-Replantation, arm, complete	.	.	090	.	.	.	(.)	(.)	(.)
20804-Replantation, arm, partial	\$169,578	1,353	010	4%	3%	39%	02-GHRL SURGERY (32%)	20-ORTHOPE SURG (24%)	01,08-GP/FP (18%)
23930-Drainage of arm bursa	\$115,239	1,541	010	2%	4%	53%	20-ORTHOPE SURG (49%)	01,08-GP/FP (22%)	02-GHRL SURGERY (14%)
23935-Drain arm/elbow bone lesion	\$35,103	113	090	1%	0%	4%	20-ORTHOPE SURG (81%)	02-GHRL SURGERY (7%)	01,08-GP/FP (4%)
24065-Biopsy arm/elbow soft tissue	\$43,951	572	010	1%	0%	78%	07-DERMATOLOGY (45%)	02-GHRL SURGERY (15%)	01,08-GP/FP (14%)
24066-Biopsy arm/elbow soft tissue	\$86,817	412	090	2%	0%	14%	20-ORTHOPE SURG (41%)	02-GHRL SURGERY (34%)	01,08-GP/FP (5%)
24075-Remove arm/elbow lesion	\$241,068	1,356	090	5%	45%	25%	02-GHRL SURGERY (35%)	20-ORTHOPE SURG (29%)	01,08-GP/FP (9%)
24076-Remove arm/elbow lesion	\$369,388	1,206	090	8%	15%	9%	02-GHRL SURGERY (40%)	20-ORTHOPE SURG (35%)	24-PLASTIC SURG (7%)
24077-Remove tumor of arm/elbow	\$238,600	363	090	5%	0%	7%	02-GHRL SURGERY (32%)	20-ORTHOPE SURG (29%)	24-PLASTIC SURG (25%)
24110-Remove humerus lesion	\$53,160	132	090	1%	0%	2%	20-ORTHOPE SURG (82%)	02-GHRL SURGERY (9%)	49-ASC (2%)
24115-Remove/graft bone lesion	\$3,329	6	090	0%	0%	0%	20-ORTHOPE SURG (83%)	02-GHRL SURGERY (17%)	(.)
24116-Remove/graft bone lesion	\$4,191	9	090	0%	0%	0%	20-ORTHOPE SURG (89%)	30-RADIOLOGY (11%)	(.)
24134-Removal of arm bone lesion	\$9,390	21	090	0%	0%	0%	20-ORTHOPE SURG (89%)	19-ORAL SURGERY (5%)	(.)
24140-Partial removal of arm bone	\$64,261	139	090	1%	0%	1%	20-ORTHOPE SURG (77%)	24-PLASTIC SURG (7%)	40-HAND SURGERY (5%)
24150-Extensive humerus surgery	\$50,595	75	090	1%	0%	0%	20-ORTHOPE SURG (87%)	01,08-GP/FP (4%)	40-HAND SURGERY (3%)
24151-Extensive humerus surgery	\$4,127	5	090	0%	0%	0%	20-ORTHOPE SURG (100%)	(.)	(.)
24200-Removal of arm foreign body	\$10,949	194	010	0%	0%	66%	01,08-GP/FP (39%)	02-GHRL SURGERY (18%)	20-ORTHOPE SURG (15%)
24201-Removal of arm foreign body	\$29,649	146	090	1%	0%	25%	20-ORTHOPE SURG (45%)	02-GHRL SURGERY (33%)	01,08-GP/FP (5%)
24310-Revision of arm tendon	\$18,944	129	090	0%	0%	1%	20-ORTHOPE SURG (79%)	40-HAND SURGERY (12%)	24-PLASTIC SURG (3%)
24320-Repair of arm tendon	\$19,729	44	090	0%	0%	0%	20-ORTHOPE SURG (66%)	01,08-GP/FP (11%)	02-GHRL SURGERY (11%)
24400-Revision of humerus	\$30,290	94	090	1%	0%	3%	20-ORTHOPE SURG (77%)	05-ANESTHESIA (5%)	70-GROUP PRAC (4%)
24410-Revision of humerus	\$12,779	18	090	0%	0%	6%	20-ORTHOPE SURG (78%)	01,08-GP/FP (11%)	70-GROUP PRAC (11%)
24420-Revision of humerus	\$6,280	15	090	0%	0%	0%	20-ORTHOPE SURG (73%)	01,08-GP/FP (7%)	02-GHRL SURGERY (7%)
24430-Repair of humerus	\$200,237	271	090	4%	0%	2%	20-ORTHOPE SURG (91%)	92-RAD ONCOLOGY (2%)	97-PHYS ASSISTANT (2%)
24435-Repair humerus with graft	\$623,788	744	090	13%	0%	1%	20-ORTHOPE SURG (90%)	01,08-GP/FP (3%)	40-HAND SURGERY (2%)
24498-Reinforce humerus	\$115,866	195	090	2%	0%	0%	20-ORTHOPE SURG (93%)	70-GROUP PRAC (3%)	97-PHYS ASSISTANT (1%)
24516-Repair humerus fracture	\$1,285,987	2,319	090	27%	0%	1%	20-ORTHOPE SURG (92%)	01,08-GP/FP (2%)	97-PHYS ASSISTANT (2%)

1993 MC Allowed Charges
 1993 MC Units of Service
 Global Period
 Pct. of Family AllChgs
 Pct. of Family PrivPmts
 Pct. of Vol. in OFFICE

First Specialty
 Second Specialty
 Third Specialty

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
24545-Repair humerus fracture	\$735,065	1,434	090	16%	33%	1%	20-ORTHOPEDE SURG (81%)	05-ANESTHESIA (9%)	01,08-GP/FP (3%)
24900-Amputation of upper arm	\$111,173	226	090	2%	-	0%	20-ORTHOPEDE SURG (46%)	02-GHRL SURGERY (31%)	24-PLASTIC SURG (6%)
24925-Amputation of upper arm	\$7,528	22	090	0%	-	0%	20-ORTHOPEDE SURG (45%)	24-PLASTIC SURG (23%)	02-GHRL SURGERY (18%)
24930-Amputation follow-up surgery	\$5,034	12	090	0%	-	0%	20-ORTHOPEDE SURG (42%)	02-GHRL SURGERY (25%)	24-PLASTIC SURG (17%)
24931-Amputation follow-up surgery	\$5,829	14	090	0%	-	0%	20-ORTHOPEDE SURG (57%)	02-GHRL SURGERY (21%)	24-PLASTIC SURG (7%)
24931-Amputation upper arm & implant	\$3,973	7	090	0%	-	0%	02-GHRL SURGERY (43%)	01,08-GP/FP (14%)	20-ORTHOPEDE SURG (14%)
24935-Revision of amputation	\$1,191	1	090	0%	-	0%	02-GHRL SURGERY (100%)	(.)	(.)
24940-Revision of upper arm	\$236	1	090	0%	-	0%	02-GHRL SURGERY (100%)	(.)	(.)

356-Orthopaedics - Shoulder Joint and Surrounding Structures

Family Medicare Charges: \$55,289,751
 Percent of CPEP Medicare Charges: 4%
 Family Private Payments: \$4,031,686
 Percent of CPEP Private Payments: 6%

23020-Release shoulder joint	\$10,869	37	090	0%	-	8%	20-ORTHOPEDE SURG (78%)	24-PLASTIC SURG (8%)	93-EMERGENCY MED (5%)
23030-Drain shoulder bursa	\$100,786	668	010	0%	-	35%	20-ORTHOPEDE SURG (61%)	02-GHRL SURGERY (22%)	01,08-GP/FP (15%)
23031-Drain shoulder bursa	\$17,169	256	010	0%	-	50%	20-ORTHOPEDE SURG (48%)	01,08-GP/FP (20%)	40-PODIATRY (13%)
23035-Drain shoulder bone lesion	\$36,180	95	090	0%	-	5%	20-ORTHOPEDE SURG (83%)	02-GHRL SURGERY (6%)	11-INTERNAL MED (2%)
23040-Exploratory shoulder surgery	\$246,503	524	090	0%	-	3%	20-ORTHOPEDE SURG (88%)	01,08-GP/FP (3%)	02-GHRL SURGERY (3%)
23044-Exploratory shoulder surgery	\$53,970	168	090	0%	-	0%	20-ORTHOPEDE SURG (82%)	02-GHRL SURGERY (5%)	49-ASC (4%)
23066-Biopsy shoulder tissues	\$83,770	533	090	0%	0%	19%	20-ORTHOPEDE SURG (61%)	02-GHRL SURGERY (26%)	07-DERMATOLOGY (12%)
23075-Removal of shoulder lesion	\$125,630	863	010	0%	0%	25%	02-GHRL SURGERY (43%)	20-ORTHOPEDE SURG (26%)	01,08-GP/FP (9%)
23076-Removal of shoulder lesion	\$425,454	1,344	090	1%	1%	11%	02-GHRL SURGERY (44%)	20-ORTHOPEDE SURG (35%)	49-ASC (5%)
23077-Removal of shoulder	\$170,161	262	090	0%	-	4%	20-ORTHOPEDE SURG (36%)	20-ORTHOPEDE SURG (29%)	24-PLASTIC SURG (16%)
23100-Biopsy of shoulder joint	\$23,969	61	090	0%	-	8%	20-ORTHOPEDE SURG (74%)	02-GHRL SURGERY (10%)	01,08-GP/FP (3%)
23101-Shoulder joint surgery	\$64,244	211	090	0%	-	3%	20-ORTHOPEDE SURG (84%)	01,08-GP/FP (4%)	02-GHRL SURGERY (3%)
23105-Remove shoulder joint lining	\$132,624	313	090	0%	-	3%	20-ORTHOPEDE SURG (85%)	01,08-GP/FP (6%)	02-GHRL SURGERY (3%)
23106-Incision of collarbone joint	\$8,991	51	090	0%	-	0%	20-ORTHOPEDE SURG (78%)	02-GHRL SURGERY (10%)	33-THORACIC SURG (4%)
23107-Explore,treat shoulder joint	\$152,451	389	090	0%	-	0%	20-ORTHOPEDE SURG (91%)	01,08-GP/FP (3%)	70-GROUP PRAC (2%)
23120-Partial removal, collarbone	\$1,835,696	10,397	090	3%	4%	1%	20-ORTHOPEDE SURG (88%)	01,08-GP/FP (6%)	97-PHYS ASSISTANT (2%)
23125-Removal of collarbone	\$26,610	82	090	0%	-	1%	20-ORTHOPEDE SURG (71%)	02-GHRL SURGERY (9%)	24-PLASTIC SURG (5%)
23130-Partial removal,shoulderbone	\$1,806,456	5,862	090	3%	5%	2%	20-ORTHOPEDE SURG (85%)	01,08-GP/FP (4%)	05-ANESTHESIA (2%)
23140-Removal of bone lesion	\$82,982	295	090	0%	-	8%	20-ORTHOPEDE SURG (51%)	02-GHRL SURGERY (27%)	49-ASC (6%)
23145-Removal of bone lesion	\$3,971	19	090	0%	-	0%	20-ORTHOPEDE SURG (79%)	01,08-GP/FP (11%)	02-GHRL SURGERY (11%)
23146-Removal of bone lesion	\$2,322	6	090	0%	-	0%	20-ORTHOPEDE SURG (83%)	02-GHRL SURGERY (17%)	(.)
23150-Removal of humerus lesion	\$35,095	113	090	0%	-	4%	20-ORTHOPEDE SURG (81%)	02-GHRL SURGERY (7%)	49-ASC (3%)
23155-Removal of humerus lesion	\$3,481	8	090	0%	-	13%	20-ORTHOPEDE SURG (100%)	(.)	(.)
23156-Removal of humerus lesion	\$1,819	5	090	0%	-	0%	20-ORTHOPEDE SURG (80%)	04-OTOLARYNG (20%)	(.)
23170-Remove collarbone lesion	\$9,097	32	090	0%	-	6%	20-ORTHOPEDE SURG (63%)	02-GHRL SURGERY (13%)	78-CARDIAC SURG (9%)
23172-Remove shoulder blade lesion	\$2,656	7	090	0%	-	29%	20-ORTHOPEDE SURG (57%)	02-GHRL SURGERY (29%)	85-MAXILLOFACIAL (14%)
23174-Remove humerus lesion	\$10,692	24	090	0%	-	0%	20-ORTHOPEDE SURG (79%)	97-PHYS ASSISTANT (8%)	24-PLASTIC SURG (4%)
23180-Remove collarbone lesion	\$94,104	509	090	0%	-	2%	20-ORTHOPEDE SURG (86%)	01,08-GP/FP (4%)	70-GROUP PRAC (3%)
23182-Remove shoulderblade lesion	\$12,652	32	090	0%	-	3%	20-ORTHOPEDE SURG (69%)	02-GHRL SURGERY (13%)	24-PLASTIC SURG (6%)
23184-Remove humerus lesion	\$47,105	101	090	0%	-	2%	20-ORTHOPEDE SURG (80%)	24-PLASTIC SURG (9%)	01,08-GP/FP (3%)
23190-Partial removal of scapula	\$7,945	33	090	0%	-	6%	20-ORTHOPEDE SURG (76%)	02-GHRL SURGERY (9%)	33-THORACIC SURG (3%)
23195-Removal of head of humerus	\$22,657	63	090	0%	-	2%	20-ORTHOPEDE SURG (87%)	02-GHRL SURGERY (3%)	49-ASC (3%)
23200-Removal of collarbone	\$22,972	49	090	0%	-	4%	20-ORTHOPEDE SURG (47%)	33-THORACIC SURG (14%)	02-GHRL SURGERY (8%)
23210-Removal of shoulderblade	\$34,356	60	090	0%	-	3%	20-ORTHOPEDE SURG (68%)	02-GHRL SURGERY (10%)	06-CARDIOLOGY (3%)
23220-Partial removal of humerus	\$23,948	36	090	0%	-	3%	20-ORTHOPEDE SURG (89%)	02-GHRL SURGERY (6%)	01,08-GP/FP (3%)
23221-Partial removal of humerus	\$3,502	3	090	0%	-	0%	20-ORTHOPEDE SURG (100%)	(.)	(.)
23222-Partial removal of humerus	\$34,031	30	090	0%	-	0%	20-ORTHOPEDE SURG (90%)	70-GROUP PRAC (7%)	01,08-GP/FP (3%)
23330-Remove shoulder foreign body	\$10,488	175	010	0%	-	62%	01,08-GP/FP (30%)	02-GHRL SURGERY (24%)	20-ORTHOPEDE SURG (13%)
23331-Remove shoulder foreign body	\$47,499	223	090	0%	-	4%	20-ORTHOPEDE SURG (83%)	02-GHRL SURGERY (5%)	01,08-GP/FP (4%)

Procedure

1993 MC Allowed Charges

1993 MC Service Units

Global Period

Pct. of Family AllChgs

Pct. of Family PrivPmts

Pct. of OFFICE

First Specialty

Second Specialty

Third Specialty

2332-Remove shoulder foreign body	\$92,978	211	0%	0%	0%	20-ORTHOPED SURG (96%)	01,08-GP/FP (1%)	02-GNRL SURGERY (1%)
23395-Muscle transfer, shoulder/arm	\$58,951	109	0%	0%	1%	20-ORTHOPED SURG (90%)	40-HAND SURGERY (3%)	01,08-GP/FP (2%)
23397-Muscle transfers	\$12,278	18	0%	0%	6%	20-ORTHOPED SURG (78%)	02-GNRL SURGERY (6%)	11-INTERNAL MED (6%)
23400-Fixation of shoulderblade	\$5,886	16	0%	0%	0%	20-ORTHOPED SURG (69%)	11-INTERNAL MED (13%)	02-GNRL SURGERY (6%)
23405-Incision of tendon & muscle	\$12,552	40	0%	0%	8%	20-ORTHOPED SURG (73%)	02-GNRL SURGERY (5%)	30-RADIOLOGY (5%)
23406-Incise tendon(s) & muscle(s)	\$5,079	0	0%	0%	0%	20-ORTHOPED SURG (70%)	40-HAND SURGERY (30%)	(.)
23410-Repair of tendon(s)	\$1,744,899	2,979	0%	2%	1%	20-ORTHOPED SURG (86%)	01,08-GP/FP (4%)	49-ASC (3%)
23412-Repair of tendon(s)	\$3,804,827	5,377	0%	4%	1%	20-ORTHOPED SURG (87%)	01,08-GP/FP (5%)	97-PHYS ASSISTANT (3%)
23415-Release of shoulder ligament	\$1,421,860	5,174	0%	3%	3%	20-ORTHOPED SURG (88%)	01,08-GP/FP (4%)	02-GNRL SURGERY (2%)
23420-Repair of shoulder	\$18,732,104	23,886	0%	34%	25%	20-ORTHOPED SURG (88%)	01,08-GP/FP (4%)	02-GNRL SURGERY (2%)
23430-Repair biceps tendon	\$261,109	882	0%	0%	1%	20-ORTHOPED SURG (90%)	01,08-GP/FP (3%)	97-PHYS ASSISTANT (2%)
23440-Removal/transplant tendon	\$85,813	305	0%	0%	2%	20-ORTHOPED SURG (91%)	01,08-GP/FP (3%)	02-GNRL SURGERY (2%)
23450-Repair shoulder capsule	\$158,565	253	0%	0%	2%	20-ORTHOPED SURG (86%)	01,08-GP/FP (5%)	97-PHYS ASSISTANT (2%)
23455-Repair shoulder capsule	\$278,997	373	0%	1%	9%	20-ORTHOPED SURG (88%)	01,08-GP/FP (5%)	02-GNRL SURGERY (2%)
23460-Repair shoulder capsule	\$27,965	36	0%	0%	1%	20-ORTHOPED SURG (94%)	40-HAND SURGERY (3%)	02-GNRL SURGERY (3%)
23462-Repair shoulder capsule	\$54,094	76	0%	0%	1%	20-ORTHOPED SURG (83%)	02-GNRL SURGERY (7%)	70-GROUP PRAC (5%)
23465-Repair shoulder capsule	\$35,826	49	0%	0%	0%	20-ORTHOPED SURG (92%)	01,08-GP/FP (6%)	40-HAND SURGERY (2%)
23466-Repair shoulder capsule	\$87,846	121	0%	0%	3%	20-ORTHOPED SURG (89%)	70-GROUP PRAC (2%)	01,08-GP/FP (2%)
23470-Reconstruct shoulder joint	\$5,172,086	6,052	0%	9%	2%	20-ORTHOPED SURG (89%)	01,08-GP/FP (3%)	97-PHYS ASSISTANT (2%)
23472-Reconstruct shoulder joint	\$6,827,457	4,859	0%	12%	2%	20-ORTHOPED SURG (90%)	01,08-GP/FP (2%)	97-PHYS ASSISTANT (2%)
23480-Revision of collarbone	\$62,882	233	0%	0%	1%	20-ORTHOPED SURG (79%)	49-ASC (7%)	02-GNRL SURGERY (3%)
23485-Revision of collarbone	\$41,979	65	0%	0%	2%	20-ORTHOPED SURG (94%)	70-GROUP PRAC (3%)	01,08-GP/FP (2%)
23490-Reinforce clavicle	\$6,931	27	0%	0%	0%	01,08-GP/FP (48%)	20-ORTHOPED SURG (44%)	02-GNRL SURGERY (4%)
23491-Reinforce shoulder bones	\$50,151	79	0%	0%	0%	20-ORTHOPED SURG (95%)	11-INTERNAL MED (3%)	01,08-GP/FP (1%)
23585-Repair scapula fracture	\$24,003	88	0%	0%	2%	20-ORTHOPED SURG (88%)	01,08-GP/FP (5%)	11-INTERNAL MED (2%)
23616-Repair humerus fracture	\$1,361,842	1,528	0%	2%	0%	20-ORTHOPED SURG (91%)	97-PHYS ASSISTANT (3%)	01,08-GP/FP (2%)
23670-Repair iliac/acetabulum fracture	\$97,121	214	0%	0%	14%	20-ORTHOPED SURG (75%)	30-RADIOLOGY (11%)	01,08-GP/FP (5%)
23680-Repair dislocation/fracture	\$143,691	235	0%	0%	2%	20-ORTHOPED SURG (85%)	01,08-GP/FP (5%)	70-GROUP PRAC (3%)
23800-Fusion of shoulder joint	\$50,118	74	0%	0%	5%	20-ORTHOPED SURG (82%)	01,08-GP/FP (7%)	49-ASC (3%)
23802-Fusion of shoulder joint	\$33,832	43	0%	0%	2%	20-ORTHOPED SURG (95%)	40-HAND SURGERY (5%)	(.)
23900-Amputation of arm & girdle	\$42,830	38	0%	0%	3%	20-ORTHOPED SURG (62%)	02-GNRL SURGERY (39%)	24-PLASTIC SURG (5%)
23920-Amputation at shoulder joint	\$36,859	48	0%	0%	4%	20-ORTHOPED SURG (65%)	02-GNRL SURGERY (17%)	70-GROUP PRAC (6%)
29815-Shoulder arthroscopy	\$341,867	1,996	0%	1%	2%	20-ORTHOPED SURG (88%)	49-ASC (3%)	01,08-GP/FP (3%)
29819-Shoulder arthroscopy/surgery	\$130,382	333	0%	0%	1%	20-ORTHOPED SURG (83%)	49-ASC (8%)	01,08-GP/FP (3%)
29820-Shoulder arthroscopy/surgery	\$180,295	509	0%	0%	1%	20-ORTHOPED SURG (87%)	49-ASC (5%)	01,08-GP/FP (2%)
29821-Shoulder arthroscopy/surgery	\$119,194	244	0%	0%	3%	20-ORTHOPED SURG (80%)	49-ASC (8%)	02-GNRL SURGERY (4%)
29822-Shoulder arthroscopy/surgery	\$856,007	1,884	0%	2%	5%	20-ORTHOPED SURG (91%)	49-ASC (4%)	70-GROUP PRAC (2%)
29823-Shoulder arthroscopy/surgery	\$1,678,546	2,640	0%	3%	7%	20-ORTHOPED SURG (90%)	49-ASC (4%)	01,08-GP/FP (2%)
29825-Shoulder arthroscopy/surgery	\$178,518	253	0%	0%	1%	20-ORTHOPED SURG (89%)	49-ASC (5%)	01,08-GP/FP (2%)
29826-Shoulder arthroscopy/surgery	\$5,136,433	7,262	0%	9%	20%	20-ORTHOPED SURG (87%)	49-ASC (6%)	01,08-GP/FP (2%)
360-Orthopaedics - Pelvis								
Family Medicare Charges: \$3,976,505			0%					
Family Private Payments: \$35,137			0%					
Percent of CPEP Medicare Charges:								
Percent of CPEP Private Payments:								
26990-Drainage of pelvis lesion	\$633,084	2,686	0%	16%	8%	20-ORTHOPED SURG (54%)	02-GNRL SURGERY (20%)	30-RADIOLOGY (8%)
26991-Drainage of pelvis bursa	\$33,820	166	0%	1%	7%	20-ORTHOPED SURG (72%)	02-GNRL SURGERY (8%)	24-PLASTIC SURG (8%)
26992-Drainage of bone lesion	\$293,486	679	0%	7%	4%	20-ORTHOPED SURG (71%)	05-ANESTHESIA (13%)	02-GNRL SURGERY (5%)
27035-Denervation of hip joint	\$3,150	4	0%	0%	0%	02-ORTHOPED SURG (75%)	01,08-GP/FP (25%)	(.)
27047-Remove hip/pelvis lesion	\$125,254	571	0%	3%	14%	02-GNRL SURGERY (43%)	20-ORTHOPED SURG (20%)	22-PATHOLOGY (10%)
27048-Remove hip/pelvis lesion	\$250,529	849	0%	6%	5%	02-GNRL SURGERY (44%)	20-ORTHOPED SURG (35%)	01,08-GP/FP (3%)
27049-Remove tumor, hip/pelvis	\$261,643	476	0%	7%	1%	20-ORTHOPED SURG (33%)	02-GNRL SURGERY (31%)	16-OB-GYN/ECG (7%)

Procedure

First Specialty

Second Specialty

Third Specialty

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDChgs	Pct. of Family Vol. in Pct. of Family PrivPmts	OFFICE	First Specialty	Second Specialty	Third Specialty
27050-Biopsy of sacroiliac joint	\$13,625	92	090	0%	-	5%	20-ORTHOPEID SURG (46%)	22-PATHOLOGY (35%)	01,08-GP/FP (7%)
27060-Removal of ischial bursa	\$23,129	112	090	1%	-	13%	02-GNRL SURGERY (29%)	20-ORTHOPEID SURG (29%)	24-PLASTIC SURG (27%)
27065-Removal of hip bone lesion	\$49,626	174	090	1%	-	7%	20-ORTHOPEID SURG (73%)	02-GNRL SURGERY (10%)	01,08-GP/FP (6%)
27066-Removal of hip bone lesion	\$172,733	549	090	4%	-	2%	20-ORTHOPEID SURG (92%)	02-GNRL SURGERY (3%)	01,08-GP/FP (1%)
27067-Remove/graft hip bone lesion	\$3,878	7	090	0%	-	0%	20-ORTHOPEID SURG (100%)	(.)	(.)
27070-Partial removal of hip bone	\$176,635	476	090	4%	-	3%	20-ORTHOPEID SURG (38%)	34-UROLOGY (23%)	24-PLASTIC SURG (19%)
27071-Partial removal of hip bone	\$262,479	557	090	7%	-	0%	20-ORTHOPEID SURG (69%)	02-GNRL SURGERY (16%)	24-PLASTIC SURG (8%)
27075-Extensive hip surgery	\$119,116	148	090	3%	-	5%	20-ORTHOPEID SURG (71%)	02-GNRL SURGERY (12%)	24-PLASTIC SURG (11%)
27076-Extensive hip surgery	\$66,494	99	090	2%	-	4%	20-ORTHOPEID SURG (71%)	02-GNRL SURGERY (11%)	24-PLASTIC SURG (5%)
27077-Extensive hip surgery	\$8,552	90	090	0%	-	0%	20-ORTHOPEID SURG (50%)	24-PLASTIC SURG (40%)	02-GNRL SURGERY (4%)
27078-Extensive hip surgery	\$44,769	90	090	1%	-	8%	20-ORTHOPEID SURG (54%)	24-PLASTIC SURG (23%)	02-GNRL SURGERY (8%)
27079-Extensive hip surgery	\$6,794	13	090	0%	-	2%	20-ORTHOPEID SURG (41%)	02-GNRL SURGERY (35%)	24-PLASTIC SURG (7%)
27080-Removal of tail bone	\$63,101	217	090	2%	-	56%	02-GNRL SURGERY (24%)	34-UROLOGY (22%)	01,08-GP/FP (19%)
27086-Remove hip foreign body	\$7,794	144	010	0%	-	6%	20-ORTHOPEID SURG (74%)	02-GNRL SURGERY (11%)	01,08-GP/FP (4%)
27087-Remove hip foreign body	\$159,827	682	090	4%	-	16%	20-ORTHOPEID SURG (64%)	01,08-GP/FP (8%)	07-DERMATOLOGY (8%)
27100-Transfer of abdominal muscle	\$5,785	25	090	0%	-	30%	20-ORTHOPEID SURG (48%)	30-RADIOLOGY (13%)	01,08-GP/FP (9%)
27110-Transfer of iliopsoas muscle	\$7,812	23	090	0%	-	1%	20-ORTHOPEID SURG (61%)	05-ANESTHESIA (27%)	01,08-GP/FP (4%)
27120-Reconstruction of hip socket	\$361,178	561	090	9%	-	2%	20-ORTHOPEID SURG (82%)	02-GNRL SURGERY (9%)	01,08-GP/FP (4%)
27146-Incision of hip bone	\$24,084	45	090	1%	-	0%	20-ORTHOPEID SURG (77%)	01,08-GP/FP (9%)	11-INTERNAL MED (6%)
27147-Revision of hip bone	\$13,324	18	090	0%	-	0%	20-ORTHOPEID SURG (78%)	02-GNRL SURGERY (17%)	24-PLASTIC SURG (9%)
27151-Incision of hip bones	\$27,125	35	090	1%	-	3%	20-ORTHOPEID SURG (84%)	02-GNRL SURGERY (9%)	01,08-GP/FP (3%)
27156-Revision of hip bones	\$29,183	32	090	1%	-	33%	20-ORTHOPEID SURG (67%)	01,08-GP/FP (33%)	(.)
27158-Revision of pelvis	\$2,024	3	090	0%	-	6%	20-ORTHOPEID SURG (73%)	93-EMERGENCY MED (9%)	01,08-GP/FP (6%)
27215-Pelvic fracture(s) treatment	\$80,755	143	090	2%	-	15%	20-ORTHOPEID SURG (60%)	93-EMERGENCY MED (22%)	01,08-GP/FP (7%)
27216-Treat pelvic ring fracture	\$17,356	67	090	0%	-	0%	20-ORTHOPEID SURG (78%)	30-RADIOLOGY (9%)	01,08-GP/FP (3%)
27217-Treat pelvic ring fracture	\$69,557	116	090	2%	-	0%	20-ORTHOPEID SURG (91%)	70-GROUP PRAC (4%)	01,08-GP/FP (3%)
27218-Treat pelvic ring fracture	\$54,267	74	090	1%	-	3%	20-ORTHOPEID SURG (97%)	70-GROUP PRAC (1%)	02-GNRL SURGERY (3%)
27222-Treat hip socket fracture	\$202,962	405	090	5%	-	0%	05-ANESTHESIA (48%)	20-ORTHOPEID SURG (44%)	02-GNRL SURGERY (3%)
27226-Treat hip wall fracture	\$186,853	511	090	5%	-	9%	20-ORTHOPEID SURG (66%)	14-NEUROSURGERY (8%)	16-OB-GYN/ECG (7%)
27280-Fusion of sacroiliac joint	\$37,027	76	090	1%	-	0%	16-OB-GYN/ECG (38%)	20-ORTHOPEID SURG (38%)	01,08-GP/FP (25%)
27282-Fusion of pubic bones	\$2,112	8	090	0%	-	0%	20-ORTHOPEID SURG (49%)	02-GNRL SURGERY (31%)	88-UNKNOWN SUPPL (5%)
27290-Amputation of leg at hip	\$75,583	61	090	2%	-	0%			

364-Orthopaedics - Spine

Family Medicare Charges: \$68,827,381
Family Private Payments: \$5,463,235

Percent of CPEP Medicare Payments: 5%
Percent of CPEP Private Payments: 8%

20250-Open bone biopsy	\$66,989	199	010	0%	-	6%	20-ORTHOPEID SURG (42%)	14-NEUROSURGERY (23%)	30-RADIOLOGY (14%)
20251-Open bone biopsy	\$132,652	421	010	0%	-	2%	20-ORTHOPEID SURG (48%)	14-NEUROSURGERY (25%)	30-RADIOLOGY (14%)
21610-Partial removal of rib	\$14,406	95	090	0%	-	51%	20-ORTHOPEID SURG (31%)	14-NEUROSURGERY (27%)	01,08-GP/FP (20%)
21925-Biopsy soft tissue of back	\$71,135	393	090	0%	-	22%	02-GNRL SURGERY (45%)	20-ORTHOPEID SURG (12%)	30-RADIOLOGY (12%)
21935-Remove tumor of back	\$375,717	593	090	1%	-	10%	02-GNRL SURGERY (51%)	24-PLASTIC SURG (26%)	20-ORTHOPEID SURG (5%)
22100-Remove part of neck vertebra	\$15,765	87	090	0%	-	5%	20-ORTHOPEID SURG (38%)	14-NEUROSURGERY (36%)	02-GNRL SURGERY (7%)
22101-Remove part, thorax vertebra	\$10,646	40	090	0%	-	3%	20-ORTHOPEID SURG (43%)	14-NEUROSURGERY (20%)	02-GNRL SURGERY (8%)
22102-Remove part, lumbar vertebra	\$51,772	266	090	0%	-	1%	14-NEUROSURGERY (38%)	20-ORTHOPEID SURG (36%)	13-NEUROLOGY (16%)
22105-Remove part of neck vertebra	\$5,966	12	090	0%	-	0%	20-ORTHOPEID SURG (50%)	14-NEUROSURGERY (25%)	04-OTOLARYNG (8%)
22106-Remove part, thorax vertebra	\$17,228	42	090	0%	-	0%	14-NEUROSURGERY (48%)	20-ORTHOPEID SURG (38%)	02-GNRL SURGERY (5%)
22107-Remove part, lumbar vertebra	\$27,181	112	090	0%	-	0%	20-ORTHOPEID SURG (44%)	14-NEUROSURGERY (44%)	02-GNRL SURGERY (3%)
22110-Remove part of neck vertebra	\$30,018	84	090	0%	-	7%	14-NEUROSURGERY (51%)	20-ORTHOPEID SURG (31%)	01,08-GP/FP (4%)
22112-Remove part, thorax vertebra	\$18,442	50	090	0%	-	2%	20-ORTHOPEID SURG (30%)	14-NEUROSURGERY (26%)	24-PLASTIC SURG (14%)
22114-Remove part, lumbar vertebra	\$45,520	158	090	0%	-	2%	20-ORTHOPEID SURG (39%)	14-NEUROSURGERY (35%)	24-PLASTIC SURG (8%)
22140-Reconstruct neck spine	\$648,234	860	090	1%	-	1%	14-NEUROSURGERY (55%)	20-ORTHOPEID SURG (33%)	13-NEUROLOGY (4%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family Vol. in Pct. of Family	First Specialty	Second Specialty	Third Specialty
22141-Reconstruct thorax spine	\$239,978	335	090	0%	2%	20-ORTHOPEID SURG (50%)	14-NEUROSURGERY (38%)	70-GROUP PRAC (3%)
22142-Reconstruct lumbar spine	\$259,622	315	090	0%	1%	20-ORTHOPEID SURG (65%)	14-NEUROSURGERY (19%)	02-GNRL SURGERY (9%)
22145-Reconstruct vertebrae	\$300,443	810	222	0%	2%	14-NEUROSURGERY (65%)	20-ORTHOPEID SURG (42%)	02-GNRL SURGERY (4%)
22150-Reconstruct neck spine	\$14,755	26	090	0%	4%	14-NEUROSURGERY (50%)	20-ORTHOPEID SURG (19%)	70-GROUP PRAC (12%)
22151-Reconstruct thorax spine	\$9,120	21	090	0%	5%	14-NEUROSURGERY (33%)	20-ORTHOPEID SURG (33%)	02-GNRL SURGERY (19%)
22152-Reconstruct lumbar spine	\$8,578	20	090	0%	2%	20-ORTHOPEID SURG (75%)	02-GNRL SURGERY (5%)	14-NEUROSURGERY (5%)
22210-Revision of neck spine	\$13,134	25	090	0%	0%	20-ORTHOPEID SURG (72%)	02-GNRL SURGERY (8%)	14-NEUROSURGERY (8%)
22212-Revision of thorax spine	\$20,826	36	090	0%	25%	20-ORTHOPEID SURG (62%)	01,08-GP/FP (14%)	14-NEUROSURGERY (11%)
22214-Revision of lumbar spine	\$68,218	166	090	0%	11%	20-ORTHOPEID SURG (44%)	06-CARDIOLOGY (7%)	14-NEUROSURGERY (7%)
22220-Revision of neck spine	\$28,919	32	090	0%	0%	14-NEUROSURGERY (38%)	04-OTOLARYNG (6%)	01,08-GP/FP (10%)
22222-Revision of thorax spine	\$7,073	67	090	0%	85%	30-RADIOLOGY (13%)	26-PSYCHIATRY (12%)	33-THORACIC SURG (4%)
22224-Revision of lumbar spine	\$30,391	50	090	0%	1%	20-ORTHOPEID SURG (56%)	02-GNRL SURGERY (28%)	70-GROUP PRAC (9%)
22230-Additional revision of spine	\$39,740	107	222	0%	1%	20-ORTHOPEID SURG (59%)	14-NEUROSURGERY (22%)	14-NEUROSURGERY (16%)
22315-Treat spine fracture	\$215,727	802	090	0%	9%	05-ANESTHESIA (40%)	20-ORTHOPEID SURG (38%)	70-GROUP PRAC (4%)
22325-Repair of spine fracture	\$55,437	142	090	0%	5%	20-ORTHOPEID SURG (73%)	14-NEUROSURGERY (15%)	70-GROUP PRAC (5%)
22326-Repair neck spine fracture	\$148,988	242	090	0%	8%	20-ORTHOPEID SURG (66%)	14-NEUROSURGERY (23%)	01,08-GP/FP (5%)
22327-Repair thorax spine fracture	\$44,942	87	090	0%	1%	14-NEUROSURGERY (53%)	20-ORTHOPEID SURG (33%)	04-OTOLARYNG (6%)
22548-Neck spine fusion	\$100,300	83	090	0%	32%	14-NEUROSURGERY (64%)	20-ORTHOPEID SURG (21%)	02-GNRL SURGERY (4%)
22554-Neck spine fusion	\$10,064,103	10,593	090	15%	1%	20-ORTHOPEID SURG (58%)	14-NEUROSURGERY (24%)	02-GNRL SURGERY (5%)
22556-Thorax spine fusion	\$340,815	350	090	0%	3%	20-ORTHOPEID SURG (69%)	02-GNRL SURGERY (12%)	14-NEUROSURGERY (9%)
22558-Lumbar spine fusion	\$1,115,537	1,273	090	2%	2%	14-NEUROSURGERY (50%)	20-ORTHOPEID SURG (34%)	01,08-GP/FP (6%)
22585-Additional spinal fusion	\$1,836,064	6,290	222	3%	0%	14-NEUROSURGERY (60%)	20-ORTHOPEID SURG (34%)	70-GROUP PRAC (6%)
22590-Spine & skull spinal fusion	\$376,681	6,357	090	1%	0%	14-NEUROSURGERY (50%)	20-ORTHOPEID SURG (34%)	70-GROUP PRAC (4%)
22595-Neck spinal fusion	\$1,355,429	1,096	090	2%	3%	20-ORTHOPEID SURG (63%)	14-NEUROSURGERY (25%)	02-GNRL SURGERY (4%)
22600-Neck spine fusion	\$1,247,336	1,412	090	2%	3%	20-ORTHOPEID SURG (72%)	14-NEUROSURGERY (17%)	01,08-GP/FP (2%)
22610-Thorax spine fusion	\$489,221	789	090	1%	1%	20-ORTHOPEID SURG (73%)	14-NEUROSURGERY (17%)	05-ANESTHESIA (3%)
22612-Lumbar spine fusion	\$7,989,827	8,743	090	12%	10%	20-ORTHOPEID SURG (63%)	14-NEUROSURGERY (17%)	02-GNRL SURGERY (3%)
22625-Lumbar spine fusion	\$7,772,084	8,348	090	11%	8%	20-ORTHOPEID SURG (69%)	14-NEUROSURGERY (17%)	02-GNRL SURGERY (5%)
22650-Lumbar spine fusion	\$1,061,157	1,483	090	2%	3%	20-ORTHOPEID SURG (73%)	14-NEUROSURGERY (17%)	02-GNRL SURGERY (3%)
22650-Additional spinal fusion	\$5,490,886	17,714	222	8%	3%	20-ORTHOPEID SURG (81%)	14-NEUROSURGERY (17%)	02-GNRL SURGERY (5%)
22800-Fusion of spine	\$462,651	525	090	1%	1%	20-ORTHOPEID SURG (85%)	14-NEUROSURGERY (3%)	70-GROUP PRAC (3%)
22802-Fusion of spine	\$636,850	434	090	1%	4%	20-ORTHOPEID SURG (71%)	02-GNRL SURGERY (11%)	14-NEUROSURGERY (3%)
22810-Fusion of spine	\$149,378	160	090	0%	2%	20-ORTHOPEID SURG (89%)	02-GNRL SURGERY (8%)	37-PEDIATRICS (3%)
22812-Fusion of spine	\$44,683	37	090	0%	0%	20-ORTHOPEID SURG (72%)	14-NEUROSURGERY (14%)	02-GNRL SURGERY (5%)
22830-Exploration of spinal fusion	\$662,345	1,347	090	1%	1%	20-ORTHOPEID SURG (51%)	14-NEUROSURGERY (36%)	02-GNRL SURGERY (6%)
22840-Insert spine fixation device	\$567,904	486	000	1%	2%	20-ORTHOPEID SURG (68%)	14-NEUROSURGERY (22%)	02-GNRL SURGERY (3%)
22842-Insert spine fixation device	\$20,006,641	15,001	000	29%	23%	14-NEUROSURGERY (57%)	20-ORTHOPEID SURG (31%)	01,08-GP/FP (3%)
22845-Insert spine fixation device	\$3,047,034	3,220	000	4%	4%	20-ORTHOPEID SURG (70%)	14-NEUROSURGERY (19%)	02-GNRL SURGERY (3%)
22849-Reinsert spinal fixation	\$85,467	239	090	0%	0%	20-ORTHOPEID SURG (74%)	14-NEUROSURGERY (14%)	02-GNRL SURGERY (3%)
22850-Remove spine fixation device	\$155,301	426	090	0%	1%	20-ORTHOPEID SURG (74%)	14-NEUROSURGERY (14%)	02-GNRL SURGERY (3%)
22852-Remove spine fixation device	\$697,549	1,764	090	1%	1%	14-NEUROSURGERY (54%)	20-ORTHOPEID SURG (34%)	01,08-GP/FP (4%)
22855-Remove spine fixation device	\$44,376	160	090	0%	1%			

368-Orthopaedics - Miscellaneous
 Family Medicare Charges: \$23,426,413
 Family Private Payments: \$1,888,069

Percent of CPEP Medicare Charges: 2%
 Percent of CPEP Private Payments: 3%

20220-Bone biopsy, trocar/needle	\$2,256,988	24,347	000	10%	6%	83-HEMATOL/ONCOL (43%)	11-INTERNAL MED (21%)	30-RADIOLOGY (10%)
20225-Bone biopsy, trocar/needle	\$1,569,671	8,966	000	7%	2%	30-RADIOLOGY (53%)	20-ORTHOPEID SURG (23%)	83-HEMATOL/ONCOL (7%)
20240-Bone biopsy, excisional	\$290,484	1,911	010	1%	1%	20-ORTHOPEID SURG (18%)	02-GNRL SURGERY (13%)	82-HEMATOLOGY (13%)
20245-Bone biopsy, excisional	\$454,524	1,992	010	2%	1%	20-ORTHOPEID SURG (56%)	83-HEMATOL/ONCOL (11%)	90-MED ONCOLOGY (5%)
20500-Injection of sinus tract	\$34,383	1,128	010	0%	0%	11-INTERNAL MED (21%)	48-PODIATRY (16%)	20-ORTHOPEID SURG (15%)

First Specialty

Second Specialty

Third Specialty

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
20520-Removal of foreign body	\$180,183	2,745	010	1%	1%	62%	01,08-GP/FP (32%)	02-GNRL SURGERY (18%)	20-ORTHOPE SURG (14%)
20525-Removal of foreign body	\$303,726	1,653	010	1%	3%	27%	20-ORTHOPE SURG (26%)	02-GNRL SURGERY (26%)	01,08-GP/FP (11%)
20615-Treatment of bone cyst	\$82,118	1,538	010	0%	0%	87%	20-ORTHOPE SURG (31%)	11-INTERNAL MED (17%)	48-PODIATRY (16%)
20650-Insert and remove bone pin	\$520,474	7,894	010	2%	3%	22%	48-PODIATRY (53%)	20-ORTHOPE SURG (28%)	49-ASC (8%)
20661-Application of head brace	\$383,042	1,617	090	2%	1%	2%	14-NEUROSURGERY (62%)	20-ORTHOPE SURG (32%)	70-GROUP PRAC (4%)
20670-Removal of support implant	\$882,591	12,592	010	4%	7%	65%	20-ORTHOPE SURG (70%)	48-PODIATRY (12%)	40-HAND SURGERY (4%)
20680-Removal of support implant	\$7,175,247	36,313	090	31%	44%	10%	20-ORTHOPE SURG (76%)	48-PODIATRY (6%)	49-ASC (5%)
20690-Apply bone fixation device	\$661,850	2,552	222	3%	2%	4%	20-ORTHOPE SURG (84%)	48-PODIATRY (5%)	49-ASC (3%)
20692-Adjust bone fixation device	\$157,790	471	222	1%	0%	3%	20-ORTHOPE SURG (89%)	19-ORAL SURGERY (2%)	48-PODIATRY (2%)
20693-Adjust bone fixation device	\$63,487	329	090	1%	0%	1%	20-ORTHOPE SURG (79%)	14-NEUROSURGERY (5%)	33-THORACIC SURG (3%)
20694-Remove bone fixation device	\$305,523	1,764	090	1%	1%	11%	20-ORTHOPE SURG (90%)	40-HAND SURGERY (2%)	05-ANESTHESIA (1%)
20900-Removal of bone for graft	\$208,157	1,560	090	1%	2%	9%	20-ORTHOPE SURG (72%)	19-ORAL SURGERY (7%)	14-NEUROSURGERY (4%)
20902-Removal of bone for graft	\$1,449,911	6,562	090	6%	6%	1%	20-ORTHOPE SURG (88%)	01,08-GP/FP (2%)	02-GNRL SURGERY (2%)
20910-Remove cartilage for graft	\$7,633	84	090	0%	0%	39%	24-PLASTIC SURG (31%)	20-ORTHOPE SURG (23%)	04-OTOLARYNG (11%)
20912-Remove cartilage for graft	\$47,266	257	090	0%	1%	6%	24-PLASTIC SURG (46%)	04-OTOLARYNG (40%)	49-ASC (8%)
20920-Removal of fascia for graft	\$14,273	102	090	0%	0%	3%	20-ORTHOPE SURG (23%)	14-NEUROSURGERY (16%)	18-OPHTHALMOLOGY (14%)
20922-Removal of fascia for graft	\$62,084	347	090	0%	0%	1%	14-NEUROSURGERY (41%)	18-OPHTHALMOLOGY (11%)	20-ORTHOPE SURG (10%)
20924-Removal of tendon for graft	\$53,120	325	090	0%	0%	0%	20-ORTHOPE SURG (63%)	40-HAND SURGERY (14%)	24-PLASTIC SURG (10%)
20926-Removal of tissue for graft	\$154,417	1,205	090	1%	1%	2%	14-NEUROSURGERY (41%)	04-OTOLARYNG (18%)	20-ORTHOPE SURG (14%)
20950-Record fluid pressure, muscle	\$15,534	233	000	0%	0%	7%	20-ORTHOPE SURG (79%)	70-GROUP PRAC (4%)	02-GNRL SURGERY (4%)
20955-Microvascular fibula graft	\$145,521	82	090	1%	0%	0%	24-PLASTIC SURG (57%)	20-ORTHOPE SURG (20%)	40-HAND SURGERY (10%)
20960-Microvascular rib graft	\$5,081	9	090	0%	0%	44%	20-ORTHOPE SURG (33%)	49-ASC (22%)	19-ORAL SURGERY (4%)
20962-Microvascular bone graft	\$76,455	100	090	0%	0%	2%	20-ORTHOPE SURG (73%)	14-NEUROSURGERY (5%)	70-GROUP PRAC (6%)
20969-Bone-skin graft	\$221,417	113	090	1%	0%	2%	24-PLASTIC SURG (59%)	04-OTOLARYNG (16%)	20-ORTHOPE SURG (26%)
20970-Bone-skin graft, pelvis	\$93,959	43	090	0%	0%	0%	04-OTOLARYNG (28%)	(.)	(.)
20971-Bone-skin graft, rib	.	.	090	0%	0%	0%	(.)	(.)	(.)
20972-Bone-skin graft, rib	\$250	1	090	0%	0%	0%	48-PODIATRY (100%)	(.)	(.)
20973-Bone-skin graft, metatarsal	\$3,478	1	090	0%	0%	0%	02-GNRL SURGERY (100%)	(.)	(.)
20975-Electrical, bone stimulation	\$222,451	1,158	222	1%	1%	4%	20-ORTHOPE SURG (77%)	14-NEUROSURGERY (14%)	01,08-GP/FP (2%)
21700-Revision of neck muscle	\$9,348	92	090	0%	0%	42%	07-DERMATOLOGY (21%)	48-PODIATRY (21%)	33-THORACIC SURG (14%)
21720-Revision of neck muscle	\$7,241	36	090	0%	0%	8%	14-NEUROSURGERY (53%)	34-UROLOGY (14%)	24-PLASTIC SURG (11%)
22148-Harvesting bone graft	\$114,354	431	222	0%	0%	3%	34-UROLOGY (50%)	20-ORTHOPE SURG (30%)	01,08-GP/FP (20%)
22820-Harvesting of bone	\$4,699,463	17,847	222	20%	15%	1%	20-ORTHOPE SURG (51%)	14-NEUROSURGERY (37%)	02-GNRL SURGERY (3%)
23000-Removal of calcium deposits	\$26,428	209	090	0%	0%	18%	20-ORTHOPE SURG (63%)	14-NEUROSURGERY (27%)	01,08-GP/FP (2%)
23921-Amputation follow-up surgery	\$2,593	19	090	0%	0%	11%	20-ORTHOPE SURG (71%)	01,08-GP/FP (10%)	66-RHEUMATOLOGY (4%)
25929-Amputation follow-up surgery	\$4,740	14	090	0%	0%	0%	77-VASCULAR SURG (37%)	20-ORTHOPE SURG (26%)	02-GNRL SURGERY (11%)
27040-Biopsy of soft tissues	\$44,917	548	010	0%	0%	57%	11-INTERNAL MED (36%)	02-GNRL SURGERY (29%)	77-VASCULAR SURG (7%)
27061-Biopsy of soft tissues	\$238,438	948	090	1%	0%	5%	20-ORTHOPE SURG (46%)	30-RADIOLOGY (18%)	02-GNRL SURGERY (14%)
27372-Removal of foreign body	\$175,051	694	090	1%	1%	19%	20-ORTHOPE SURG (46%)	30-RADIOLOGY (19%)	02-GNRL SURGERY (17%)

372-Bone or Joint Manipulation under Anesthesia

Family Medicare Charges:	\$3,736,873	0%
Family Private Payments:	\$211,963	0%

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
22505-Manipulation of spine	\$73,022	995	010	2%	5%	11%	05-ANESTHESIA (67%)	20-ORTHOPE SURG (15%)	01,08-GP/FP (10%)
23655-Treat shoulder dislocation	\$928,970	4,367	090	25%	15%	5%	20-ORTHOPE SURG (65%)	93-EMERGENCY MED (14%)	01,08-GP/FP (10%)
23700-Fixation of shoulder	\$472,432	3,538	010	13%	35%	4%	20-ORTHOPE SURG (89%)	49-ASC (6%)	01,08-GP/FP (2%)
24605-Treat elbow dislocation	\$133,756	714	090	4%	10%	6%	20-ORTHOPE SURG (89%)	93-EMERGENCY MED (4%)	01,08-GP/FP (3%)
26675-Treat hand dislocation	\$6,557	30	090	0%	0%	37%	20-ORTHOPE SURG (70%)	01,08-GP/FP (13%)	02-GNRL SURGERY (3%)
26705-Treat knuckle dislocation	\$28,754	198	090	1%	0%	28%	20-ORTHOPE SURG (60%)	01,08-GP/FP (11%)	93-EMERGENCY MED (7%)
26706-Pin knuckle dislocation	\$9,601	44	090	0%	0%	2%	20-ORTHOPE SURG (64%)	24-PLASTIC SURG (14%)	70-GROUP PRAC (11%)

Procedure

26775-Treat finger dislocation	\$59,042	564	090	2%	3%	37%	20-ORTHOPE SURG (52%)	93-EMERGENCY MED (14%)	01-08-GP/FP (12%)
27252-Treat hip dislocation	\$1,206,108	3,250	090	32%	7%	1%	20-ORTHOPE SURG (93%)	93-EMERGENCY MED (2%)	70-GROUP PRAC (2%)
27257-Treatment of hip dislocation	\$28,839	99	010	1%	.	1%	20-ORTHOPE SURG (84%)	01-08-GP/FP (8%)	02-GNRL SURGERY (3%)
27575-Manipulation of hip joint	\$45,410	410	010	1%	.	4%	20-ORTHOPE SURG (87%)	01-08-GP/FP (6%)	70-GROUP PRAC (2%)
27552-Treat knee dislocation	\$60,606	202	090	2%	.	4%	20-ORTHOPE SURG (97%)	01-08-GP/FP (1%)	70-GROUP PRAC (1%)
27562-Treat kneecap dislocation	\$10,714	40	090	0%	.	10%	20-ORTHOPE SURG (80%)	01-08-GP/FP (10%)	93-EMERGENCY MED (10%)
27570-Fixation of knee joint	\$553,429	4,921	010	15%	25%	2%	20-ORTHOPE SURG (92%)	49-ASC (4%)	70-GROUP PRAC (2%)
27831-Treat lower leg dislocation	\$1,949	8	090	0%	.	2%	20-ORTHOPE SURG (88%)	01-08-GP/FP (13%)	(.)
27842-Treat ankle dislocation	\$61,747	327	090	2%	.	4%	20-ORTHOPE SURG (81%)	93-EMERGENCY MED (12%)	01-08-GP/FP (2%)
27860-Fixation of ankle joint	\$11,095	101	010	0%	.	4%	20-ORTHOPE SURG (81%)	01-08-GP/FP (7%)	49-ASC (7%)
28545-Treat foot dislocation	\$2,984	38	090	0%	.	37%	20-ORTHOPE SURG (50%)	48-PODIATRY (37%)	49-ASC (5%)
28575-Treat foot dislocation	\$6,694	42	090	0%	.	21%	20-ORTHOPE SURG (86%)	48-PODIATRY (14%)	(.)
28605-Treat foot dislocation	\$5,949	47	090	0%	.	43%	20-ORTHOPE SURG (49%)	48-PODIATRY (36%)	01-08-GP/FP (4%)
28635-Treat toe dislocation	\$13,190	140	010	0%	.	64%	48-PODIATRY (60%)	20-ORTHOPE SURG (2%)	01-08-GP/FP (6%)
28665-Treat toe dislocation	\$16,025	197	010	0%	.	71%	48-PODIATRY (61%)	20-ORTHOPE SURG (24%)	01-08-GP/FP (6%)

376-Arthrocentesis and Ligament or Tendon Injection

Family Medicare Charges: \$123,337,789
 Percent of CPEP Medicare Charges: 8%
 Family Private Payments: \$3,646,047
 Percent of CPEP Private Payments: 5%

20550-Inj tendon/ligament/cyst	\$28,503,340	919,773	000	23%	22%	93%	20-ORTHOPE SURG (21%)	01-08-GP/FP (17%)	48-PODIATRY (15%)
20600-Drain/inject joint/bursa	\$13,533,825	388,109	000	11%	15%	95%	48-PODIATRY (61%)	20-ORTHOPE SURG (14%)	66-RHEUMATOLOGY (11%)
20605-Drain/inject joint/bursa	\$15,422,066	455,005	000	13%	20%	96%	48-PODIATRY (32%)	20-ORTHOPE SURG (25%)	66-RHEUMATOLOGY (14%)
20610-Drain/inject joint/bursa	\$65,878,558	1,835,377	000	53%	43%	95%	20-ORTHOPE SURG (44%)	01-08-GP/FP (18%)	66-RHEUMATOLOGY (18%)

380-Open or Percutaneous Treatment of Fractures

Family Medicare Charges: \$24,473,455
 Percent of CPEP Medicare Charges: 2%
 Family Private Payments: \$1,901,645
 Percent of CPEP Private Payments: 3%

21805-Treatment of rib fracture	\$3,825	36	090	0%	.	78%	01-08-GP/FP (47%)	20-ORTHOPE SURG (22%)	93-EMERGENCY MED (11%)
21825-Repair sternum fracture	\$38,004	124	090	0%	.	2%	78-CARDIAC SURG (36%)	33-THORACIC SURG (32%)	02-GNRL SURGERY (8%)
23515-Repair clavicle fracture	\$73,377	205	090	0%	2%	4%	20-ORTHOPE SURG (88%)	02-GNRL SURGERY (4%)	97-PHYS ASSISTANT (2%)
23530-Repair clavicle dislocation	\$5,063	13	090	0%	.	15%	20-ORTHOPE SURG (62%)	70-GROUP PRAC (15%)	78-CARDIAC SURG (15%)
23532-Repair clavicle dislocation	\$488	1	090	0%	.	0%	20-ORTHOPE SURG (100%)	(.)	(.)
23550-Repair clavicle dislocation	\$109,434	317	090	0%	4%	10%	20-ORTHOPE SURG (65%)	30-RADIOLOGY (19%)	01-08-GP/FP (5%)
23552-Repair clavicle dislocation	\$17,423	43	090	0%	.	0%	20-ORTHOPE SURG (86%)	01-08-GP/FP (5%)	70-GROUP PRAC (5%)
23615-Repair humerus fracture	\$2,572,356	4,405	090	11%	3%	2%	20-ORTHOPE SURG (90%)	01-08-GP/FP (3%)	02-GNRL SURGERY (2%)
23630-Repair humerus fracture	\$193,600	515	090	1%	.	4%	20-ORTHOPE SURG (89%)	02-GNRL SURGERY (3%)	01-08-GP/FP (2%)
23660-Repair shoulder dislocation	\$87,990	217	090	0%	.	3%	20-ORTHOPE SURG (78%)	01-08-GP/FP (5%)	02-GNRL SURGERY (4%)
24515-Repair humerus fracture	\$1,301,659	2,394	090	5%	4%	1%	20-ORTHOPE SURG (89%)	01-08-GP/FP (3%)	02-GNRL SURGERY (2%)
24538-Treat humerus fracture	\$203,813	399	090	1%	3%	2%	20-ORTHOPE SURG (92%)	10-GASTROENTER (2%)	49-ASC (2%)
24546-Repair humerus fracture	\$426,601	712	090	2%	.	9%	20-ORTHOPE SURG (91%)	01-08-GP/FP (2%)	02-GNRL SURGERY (2%)
24566-Treat humerus fracture	.	.	090	0%	.	0%	(.)	(.)	(.)
24579-Repair humerus fracture	\$338,238	665	090	1%	3%	2%	20-ORTHOPE SURG (91%)	01-08-GP/FP (2%)	05-ANESTHESIA (2%)
24582-Treat humerus fracture	.	.	090	0%	.	0%	(.)	(.)	(.)
24665-Repair radius fracture	\$240,694	663	090	1%	2%	3%	20-ORTHOPE SURG (88%)	02-GNRL SURGERY (4%)	01-08-GP/FP (3%)
24666-Repair radius fracture	\$55,451	101	090	0%	.	3%	20-ORTHOPE SURG (88%)	40-HAND SURGERY (3%)	01-08-GP/FP (2%)
24685-Repair ulna fracture	\$2,646,442	5,167	090	11%	3%	1%	20-ORTHOPE SURG (91%)	01-08-GP/FP (2%)	02-GNRL SURGERY (2%)
25515-Repair fracture of radius	\$242,729	525	090	1%	3%	2%	20-ORTHOPE SURG (89%)	02-GNRL SURGERY (2%)	49-ASC (2%)
25525-Repair fracture of radius	\$61,249	97	090	0%	.	4%	20-ORTHOPE SURG (90%)	01-08-GP/FP (4%)	02-GNRL SURGERY (2%)
25545-Repair fracture of ulna	\$259,801	609	090	1%	.	2%	20-ORTHOPE SURG (89%)	01-08-GP/FP (2%)	40-HAND SURGERY (2%)
25574-Treat fracture radius & ulna	\$109,163	186	090	0%	.	3%	20-ORTHOPE SURG (88%)	40-HAND SURGERY (3%)	97-PHYS ASSISTANT (2%)

Procedure

First Specialty

Second Specialty

Third Specialty

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDchs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
25575-Repair fracture radius/ulna	\$739,500	1,136	090	3%	8%	1%	20-ORTHOPEID SURG (91%)	70-GROUP PRAC (2%)	02-GNRL SURGERY (2%)
25611-Repair fracture radius/ulna	\$4,112,058	10,257	090	17%	7%	3%	20-ORTHOPEID SURG (93%)	40-HAND SURGERY (2%)	49-ASC (1%)
25620-Repair fracture radius/ulna	\$1,640,041	3,455	090	7%	8%	3%	20-ORTHOPEID SURG (90%)	40-HAND SURGERY (4%)	49-ASC (2%)
25628-Repair wrist bone fracture	\$34,772	131	090	0%	-	4%	20-ORTHOPEID SURG (47%)	05-ANESTHESIA (34%)	40-HAND SURGERY (5%)
25645-Repair wrist bone fracture	\$11,962	39	090	0%	-	15%	20-ORTHOPEID SURG (59%)	24-PLASTIC SURG (18%)	40-HAND SURGERY (10%)
25670-Repair wrist dislocation	\$34,406	116	090	0%	-	2%	20-ORTHOPEID SURG (71%)	01,08-GP/FP (8%)	24-PLASTIC SURG (6%)
25676-Repair wrist dislocation	\$16,711	53	090	0%	-	2%	20-ORTHOPEID SURG (81%)	40-HAND SURGERY (11%)	01,08-GP/FP (2%)
25685-Repair wrist fracture	\$17,441	38	090	0%	-	11%	20-ORTHOPEID SURG (58%)	01,08-GP/FP (13%)	24-PLASTIC SURG (11%)
25695-Repair wrist dislocation	\$13,978	34	090	0%	-	3%	20-ORTHOPEID SURG (85%)	02-GNRL SURGERY (6%)	01,08-GP/FP (3%)
26608-Treat metacarpal fracture	\$53,331	224	090	0%	-	4%	20-ORTHOPEID SURG (90%)	40-HAND SURGERY (4%)	24-PLASTIC SURG (3%)
26615-Repair metacarpal fracture	\$278,598	914	090	1%	7%	4%	20-ORTHOPEID SURG (66%)	24-PLASTIC SURG (18%)	40-HAND SURGERY (5%)
26650-Repair thumb fracture	\$31,002	121	090	0%	-	12%	20-ORTHOPEID SURG (75%)	49-ASC (6%)	24-PLASTIC SURG (4%)
26665-Repair thumb fracture	\$36,750	95	090	0%	-	9%	20-ORTHOPEID SURG (55%)	24-PLASTIC SURG (14%)	40-HAND SURGERY (11%)
26676-Pin hand dislocation	\$15,821	58	090	0%	-	7%	20-ORTHOPEID SURG (81%)	40-HAND SURGERY (5%)	49-ASC (5%)
26685-Repair hand dislocation	\$15,572	48	090	0%	-	4%	20-ORTHOPEID SURG (54%)	24-PLASTIC SURG (13%)	40-HAND SURGERY (10%)
26686-Repair hand dislocation	\$13,420	37	090	0%	-	5%	20-ORTHOPEID SURG (57%)	24-PLASTIC SURG (22%)	01,08-GP/FP (5%)
26715-Repair knuckle dislocation	\$60,003	225	090	0%	-	4%	20-ORTHOPEID SURG (69%)	24-PLASTIC SURG (13%)	40-HAND SURGERY (9%)
26727-Treat finger fracture, each	\$159,227	855	090	1%	1%	19%	20-ORTHOPEID SURG (63%)	24-PLASTIC SURG (12%)	70-GROUP PRAC (11%)
26735-Repair finger fracture, each	\$459,524	1,846	090	2%	5%	6%	20-ORTHOPEID SURG (58%)	24-PLASTIC SURG (23%)	40-HAND SURGERY (7%)
26746-Repair finger fracture, each	\$182,361	575	090	1%	3%	5%	20-ORTHOPEID SURG (55%)	24-PLASTIC SURG (26%)	40-HAND SURGERY (11%)
26756-Pin finger fracture, each	\$26,392	173	090	0%	-	6%	20-ORTHOPEID SURG (54%)	24-PLASTIC SURG (27%)	01,08-GP/FP (5%)
26765-Repair finger fracture, each	\$525,242	2,955	090	2%	3%	12%	20-ORTHOPEID SURG (50%)	24-PLASTIC SURG (25%)	01,08-GP/FP (6%)
26776-Pin finger dislocation	\$17,398	147	090	0%	-	5%	20-ORTHOPEID SURG (55%)	40-HAND SURGERY (20%)	24-PLASTIC SURG (17%)
26785-Repair finger dislocation	\$81,546	452	090	0%	-	5%	20-ORTHOPEID SURG (62%)	24-PLASTIC SURG (21%)	40-HAND SURGERY (6%)
27202-Repair tail bone fracture	\$6,893	18	090	0%	-	33%	20-ORTHOPEID SURG (78%)	02-GNRL SURGERY (11%)	01,08-GP/FP (6%)
27822-Repair of ankle fracture	\$4,000,258	6,031	090	16%	17%	1%	20-ORTHOPEID SURG (91%)	02-GNRL SURGERY (2%)	01,08-GP/FP (2%)
27823-Repair of ankle fracture	\$1,086,394	1,447	090	4%	6%	1%	20-ORTHOPEID SURG (90%)	01,08-GP/FP (3%)	02-GNRL SURGERY (2%)
27826-Treat lower leg fracture	\$28,771	56	090	0%	-	6%	20-ORTHOPEID SURG (79%)	06-CARDIOLOGY (11%)	05-ANESTHESIA (4%)
27827-Treat lower leg fracture	\$98,329	169	090	0%	-	2%	20-ORTHOPEID SURG (85%)	70-GROUP PRAC (5%)	01,08-GP/FP (3%)
27828-Treat lower leg fracture	\$213,158	327	090	1%	-	1%	20-ORTHOPEID SURG (87%)	05-ANESTHESIA (6%)	01,08-GP/FP (2%)
27829-Treat lower leg joint	\$66,854	196	090	0%	-	1%	20-ORTHOPEID SURG (91%)	02-GNRL SURGERY (2%)	11-INTERNAL MED (2%)
27848-Repair ankle dislocation	\$113,893	233	090	0%	1%	1%	20-ORTHOPEID SURG (90%)	01,08-GP/FP (3%)	49-ASC (2%)
28406-Treatment of heel fracture	\$40,647	113	090	0%	-	4%	20-ORTHOPEID SURG (93%)	48-PODIATRY (3%)	49-ASC (3%)
28415-Repair of heel fracture	\$394,941	667	090	2%	2%	3%	20-ORTHOPEID SURG (81%)	48-PODIATRY (9%)	97-PHYS ASSISTANT (2%)
28420-Repair/graft heel fracture	\$72,313	108	090	0%	-	6%	20-ORTHOPEID SURG (85%)	97-PHYS ASSISTANT (6%)	01,08-GP/FP (2%)
28436-Treatment of ankle fracture	\$2,057	9	090	0%	-	0%	20-ORTHOPEID SURG (100%)	(.)	(.)
28456-Repair midfoot fracture	\$2,052	23	090	0%	-	4%	20-ORTHOPEID SURG (74%)	48-PODIATRY (26%)	(.)
28465-Repair midfoot fracture,each	\$48,471	169	090	0%	-	20%	20-ORTHOPEID SURG (69%)	48-PODIATRY (17%)	01,08-GP/FP (4%)
28476-Repair metatarsal fracture	\$19,744	131	090	0%	-	5%	20-ORTHOPEID SURG (86%)	48-PODIATRY (11%)	01,08-GP/FP (2%)
28485-Repair metatarsal fracture	\$316,014	1,155	090	1%	4%	11%	20-ORTHOPEID SURG (45%)	48-PODIATRY (41%)	49-ASC (9%)
28496-Repair big toe fracture	\$5,641	47	090	0%	-	15%	20-ORTHOPEID SURG (70%)	48-PODIATRY (19%)	49-ASC (4%)
28505-Repair big toe fracture	\$89,253	440	090	0%	1%	22%	20-ORTHOPEID SURG (53%)	48-PODIATRY (25%)	49-ASC (5%)
28525-Repair of toe fracture	\$46,958	305	090	0%	-	29%	20-ORTHOPEID SURG (54%)	48-PODIATRY (28%)	49-ASC (5%)
28531-Treat sesamoid bone fracture	\$215	4	090	0%	-	0%	20-ORTHOPEID SURG (50%)	24-PLASTIC SURG (25%)	48-PODIATRY (25%)
28546-Treat foot dislocation	\$1,965	15	090	0%	-	0%	48-PODIATRY (47%)	20-ORTHOPEID SURG (40%)	01,08-GP/FP (13%)
28555-Repair foot dislocation	\$13,471	55	090	0%	-	5%	20-ORTHOPEID SURG (64%)	48-PODIATRY (22%)	70-GROUP PRAC (7%)
28576-Treat foot dislocation	\$674	7	090	0%	-	0%	20-ORTHOPEID SURG (100%)	(.)	(.)
28585-Repair foot dislocation	\$34,806	120	090	0%	-	30%	48-PODIATRY (56%)	20-ORTHOPEID SURG (35%)	49-ASC (6%)
28606-Treat foot dislocation	\$17,247	89	090	0%	-	1%	20-ORTHOPEID SURG (88%)	48-PODIATRY (9%)	01,08-GP/FP (1%)
28615-Repair foot dislocation	\$58,247	274	090	0%	-	3%	20-ORTHOPEID SURG (79%)	48-PODIATRY (12%)	97-PHYS ASSISTANT (5%)
28636-Treat toe dislocation	\$1,327	16	010	0%	-	13%	20-ORTHOPEID SURG (69%)	48-PODIATRY (19%)	01,08-GP/FP (6%)
28645-Repair toe dislocation	\$112,961	905	090	0%	-	17%	48-PODIATRY (69%)	20-ORTHOPEID SURG (18%)	49-ASC (11%)

28666-Treat toe dislocation
28675-Repair of toe dislocation

384-Closed Treatment of Fracture and Dislocation except Finger, Toe and Trunk
Family Medicare Charges: \$60,585,930
Percent of CPEP Medicare Charges: 4%
Family Private Payments: \$4,316,641
Percent of CPEP Private Payments: 6%

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)	Third Specialty
28666-Treat toe dislocation	\$1,559	22	010	0%	.	0%	20-ORTHOPEDE SURG (82%)	01,08-GP/FP (5%)
28675-Repair of toe dislocation	\$13,896	81	090	0%	.	17%	20-ORTHOPEDE SURG (53%)	49-ASC (12%)
23600-Treat humerus fracture	\$6,099,157	31,496	090	10%	2%	47%	20-ORTHOPEDE SURG (76%)	93-EMERGENCY MED (9%)
23605-Treat humerus fracture	\$1,875,734	5,562	090	3%	1%	28%	20-ORTHOPEDE SURG (93%)	01,08-GP/FP (3%)
23620-Treat humerus fracture	\$582,308	2,797	090	1%	0%	58%	20-ORTHOPEDE SURG (80%)	93-EMERGENCY MED (9%)
23625-Treat humerus fracture	\$126,092	384	090	0%	.	32%	20-ORTHOPEDE SURG (93%)	70-GROUP PRAC (2%)
23665-Treat dislocation/fracture	\$233,605	961	090	0%	.	12%	20-ORTHOPEDE SURG (88%)	01,08-GP/FP (4%)
23675-Treat dislocation/fracture	\$128,832	433	090	0%	.	13%	20-ORTHOPEDE SURG (88%)	70-GROUP PRAC (4%)
24500-Treat humerus fracture	\$1,074,491	6,800	090	2%	1%	41%	20-ORTHOPEDE SURG (65%)	01,08-GP/FP (13%)
24505-Treat humerus fracture	\$931,629	2,909	090	2%	1%	23%	20-ORTHOPEDE SURG (92%)	01,08-GP/FP (4%)
24530-Treat humerus fracture	\$319,287	1,661	090	1%	1%	1%	20-ORTHOPEDE SURG (82%)	01,08-GP/FP (7%)
24535-Treat humerus fracture	\$252,353	689	090	0%	1%	19%	20-ORTHOPEDE SURG (94%)	70-GROUP PRAC (2%)
24560-Treat humerus fracture	\$78,029	523	090	0%	0%	48%	20-ORTHOPEDE SURG (62%)	01,08-GP/FP (18%)
24565-Treat humerus fracture	\$25,397	91	090	0%	.	29%	20-ORTHOPEDE SURG (89%)	01,08-GP/FP (2%)
24576-Treat humerus fracture	\$78,997	517	090	0%	0%	50%	20-ORTHOPEDE SURG (74%)	01,08-GP/FP (11%)
24577-Treat humerus fracture	\$37,657	123	090	0%	.	25%	20-ORTHOPEDE SURG (92%)	01,08-GP/FP (3%)
24600-Treat elbow dislocation	\$153,399	971	090	0%	1%	15%	20-ORTHOPEDE SURG (60%)	93-EMERGENCY MED (18%)
24620-Treat elbow fracture	\$57,487	195	090	0%	.	30%	20-ORTHOPEDE SURG (75%)	01,08-GP/FP (12%)
24640-Treat elbow dislocation	\$7,022	112	010	0%	1%	18%	93-EMERGENCY MED (38%)	01,08-GP/FP (32%)
24650-Treat radius fracture	\$877,910	6,569	090	1%	3%	60%	20-ORTHOPEDE SURG (68%)	01,08-GP/FP (14%)
24655-Treat radius fracture	\$162,063	678	090	0%	0%	52%	20-ORTHOPEDE SURG (83%)	01,08-GP/FP (9%)
24670-Treatment of ulna fracture	\$273,957	1,853	090	0%	0%	46%	20-ORTHOPEDE SURG (68%)	01,08-GP/FP (14%)
24675-Treatment of ulna fracture	\$64,792	268	090	0%	.	33%	20-ORTHOPEDE SURG (85%)	01,08-GP/FP (5%)
25500-Treat fracture of radius	\$335,241	2,478	090	1%	2%	58%	20-ORTHOPEDE SURG (45%)	01,08-GP/FP (31%)
25505-Treat fracture of radius	\$301,604	1,177	090	0%	2%	37%	20-ORTHOPEDE SURG (76%)	01,08-GP/FP (12%)
25520-Repair fracture of radius	\$10,663	33	090	0%	.	42%	20-ORTHOPEDE SURG (79%)	01,08-GP/FP (6%)
25530-Treat fracture of ulna	\$357,784	2,264	090	1%	1%	58%	20-ORTHOPEDE SURG (71%)	01,08-GP/FP (14%)
25535-Treat fracture of ulna	\$101,433	390	090	0%	0%	36%	20-ORTHOPEDE SURG (85%)	01,08-GP/FP (7%)
25560-Treat fracture radius & ulna	\$349,242	2,218	090	1%	2%	45%	20-ORTHOPEDE SURG (41%)	01,08-GP/FP (27%)
25565-Treat fracture radius & ulna	\$721,406	2,240	090	1%	7%	31%	20-ORTHOPEDE SURG (82%)	01,08-GP/FP (8%)
25600-Treat fracture radius/ulna	\$6,922,367	40,998	090	11%	14%	57%	20-ORTHOPEDE SURG (70%)	01,08-GP/FP (13%)
25605-Treat fracture radius/ulna	\$15,303,533	48,483	090	25%	16%	36%	20-ORTHOPEDE SURG (91%)	01,08-GP/FP (3%)
25622-Treat wrist bone fracture	\$375,019	2,464	090	1%	2%	60%	20-ORTHOPEDE SURG (64%)	01,08-GP/FP (15%)
25624-Treat wrist bone fracture	\$66,857	242	090	0%	.	55%	20-ORTHOPEDE SURG (82%)	01,08-GP/FP (8%)
25630-Treat wrist bone fracture	\$261,735	1,651	090	0%	1%	59%	20-ORTHOPEDE SURG (66%)	01,08-GP/FP (13%)
25635-Treat wrist bone fracture	\$29,632	118	090	0%	0%	49%	20-ORTHOPEDE SURG (76%)	01,08-GP/FP (6%)
25650-Repair wrist bone fracture	\$131,863	778	090	0%	0%	49%	20-ORTHOPEDE SURG (50%)	01,08-GP/FP (21%)
25660-Treat wrist dislocation	\$20,693	128	090	0%	.	38%	20-ORTHOPEDE SURG (66%)	01,08-GP/FP (13%)
25675-Treat wrist dislocation	\$20,538	114	090	0%	.	36%	20-ORTHOPEDE SURG (69%)	01,08-GP/FP (11%)
25680-Treat wrist fracture	\$19,160	82	090	0%	.	35%	01,08-GP/FP (39%)	20-ORTHOPEDE SURG (32%)
25690-Treat wrist dislocation	\$9,147	33	090	0%	.	21%	20-ORTHOPEDE SURG (76%)	49-ASC (9%)
26600-Treat metacarpal fracture	\$1,063,011	11,131	090	2%	7%	61%	20-ORTHOPEDE SURG (64%)	01,08-GP/FP (16%)
26605-Treat metacarpal fracture	\$520,931	3,272	090	1%	5%	58%	20-ORTHOPEDE SURG (85%)	01,08-GP/FP (6%)
26607-Treat metacarpal fracture	\$75,046	303	090	0%	1%	17%	20-ORTHOPEDE SURG (64%)	24-PLASTIC SURG (11%)
26641-Treat thumb dislocation	\$14,194	114	090	0%	.	44%	20-ORTHOPEDE SURG (39%)	01,08-GP/FP (30%)
26645-Treat thumb fracture	\$25,502	135	090	0%	0%	59%	20-ORTHOPEDE SURG (69%)	01,08-GP/FP (13%)
26670-Treat hand dislocation	\$11,790	102	090	0%	.	36%	93-EMERGENCY MED (32%)	20-ORTHOPEDE SURG (31%)

Procedure

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDcbs. Privmpts	Pct. of Family Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
26742-Treat finger fracture, each	\$38,946	244	090	0%	47%	20-ORTHOPEID SURG (72%)	24-PLASTIC SURG (6%)	01-08-GP/FP (5%)
27193-Treat pelvic ring fracture	\$2,182,014	8,692	090	4%	19%	20-ORTHOPEID SURG (91%)	01-08-GP/FP (4%)	93-EMERGENCY MED (2%)
27194-Treat pelvic ring fracture	\$58,428	167	090	0%	17%	20-ORTHOPEID SURG (62%)	05-ANESTHESIA (29%)	70-GROUP PRAC (3%)
27220-Treat hip socket fracture	\$485,220	1,637	090	1%	19%	20-ORTHOPEID SURG (87%)	70-GROUP PRAC (7%)	01-08-GP/FP (5%)
27516-Repair of thigh growth plate	\$8,063	28	090	0%	18%	20-ORTHOPEID SURG (82%)	01-08-GP/FP (14%)	70-GROUP PRAC (4%)
27517-Repair of thigh growth plate	\$8,651	16	090	0%	6%	20-ORTHOPEID SURG (94%)	70-GROUP PRAC (6%)	(-)
27520-Treat kneecap fracture	\$1,266,169	6,136	090	2%	55%	20-ORTHOPEID SURG (78%)	01-08-GP/FP (9%)	93-EMERGENCY MED (7%)
27530-Treatment of knee fracture	\$1,329,260	5,459	090	1%	37%	20-ORTHOPEID SURG (88%)	01-08-GP/FP (5%)	93-EMERGENCY MED (3%)
27532-Treatment of knee fracture	\$357,493	856	090	1%	16%	20-ORTHOPEID SURG (95%)	70-GROUP PRAC (2%)	01-08-GP/FP (1%)
27538-Treat knee fracture(s)	\$31,439	122	090	0%	36%	20-ORTHOPEID SURG (93%)	01-08-GP/FP (2%)	70-GROUP PRAC (2%)
27550-Treat knee dislocation	\$42,163	232	090	0%	32%	20-ORTHOPEID SURG (53%)	93-EMERGENCY MED (14%)	01-08-GP/FP (13%)
27560-Treat kneecap dislocation	\$39,655	318	090	0%	20%	93-EMERGENCY MED (35%)	20-ORTHOPEID SURG (31%)	01-08-GP/FP (18%)
27750-Treatment of tibia fracture	\$846,032	3,762	090	1%	32%	20-ORTHOPEID SURG (79%)	01-08-GP/FP (9%)	93-EMERGENCY MED (6%)
27752-Treatment of tibia fracture	\$1,441,900	4,120	090	2%	2%	20-ORTHOPEID SURG (95%)	01-08-GP/FP (2%)	70-GROUP PRAC (2%)
27760-Treatment of ankle fracture	\$562,114	3,283	090	1%	51%	20-ORTHOPEID SURG (66%)	01-08-GP/FP (15%)	93-EMERGENCY MED (9%)
27762-Treatment of ankle fracture	\$143,520	571	090	0%	32%	20-ORTHOPEID SURG (84%)	02-GNRL SURGERY (5%)	01-08-GP/FP (4%)
27780-Treatment of fibula fracture	\$436,248	3,175	090	1%	55%	20-ORTHOPEID SURG (61%)	01-08-GP/FP (21%)	93-EMERGENCY MED (8%)
27781-Treatment of fibula fracture	\$75,292	336	090	0%	37%	20-ORTHOPEID SURG (79%)	01-08-GP/FP (8%)	02-GNRL SURGERY (6%)
27786-Treatment of ankle fracture	\$3,435,386	20,072	090	6%	60%	20-ORTHOPEID SURG (72%)	01-08-GP/FP (12%)	93-EMERGENCY MED (7%)
27788-Treatment of ankle fracture	\$688,119	2,652	090	1%	49%	20-ORTHOPEID SURG (88%)	01-08-GP/FP (4%)	02-GNRL SURGERY (3%)
27808-Treatment of ankle fracture	\$747,681	3,930	090	1%	43%	20-ORTHOPEID SURG (76%)	01-08-GP/FP (9%)	93-EMERGENCY MED (6%)
27810-Treatment of ankle fracture	\$930,653	2,597	090	2%	1%	20-ORTHOPEID SURG (91%)	02-GNRL SURGERY (2%)	01-08-GP/FP (2%)
27816-Treatment of ankle fracture	\$207,003	795	090	0%	28%	20-ORTHOPEID SURG (72%)	01-08-GP/FP (10%)	93-EMERGENCY MED (9%)
27818-Treatment of ankle fracture	\$692,491	1,561	090	1%	12%	20-ORTHOPEID SURG (91%)	01-08-GP/FP (2%)	02-GNRL SURGERY (2%)
27824-Treat lower leg fracture	\$44,386	170	090	0%	32%	20-ORTHOPEID SURG (72%)	01-08-GP/FP (20%)	02-GNRL SURGERY (2%)
27825-Treat lower leg fracture	\$39,573	101	090	0%	4%	20-ORTHOPEID SURG (88%)	70-GROUP PRAC (6%)	01-08-GP/FP (3%)
27830-Treat lower leg dislocation	\$3,744	20	090	0%	15%	20-ORTHOPEID SURG (55%)	01-08-GP/FP (15%)	30-RADIOLOGY (10%)
28400-Treatment of heel fracture	\$527,141	3,020	090	1%	58%	20-ORTHOPEID SURG (74%)	48-PODIATRY (8%)	01-08-GP/FP (7%)
28405-Treatment of heel fracture	\$95,160	367	090	0%	36%	20-ORTHOPEID SURG (86%)	48-PODIATRY (10%)	01-08-GP/FP (2%)
28430-Treatment of ankle fracture	\$159,586	1,020	090	0%	62%	20-ORTHOPEID SURG (65%)	01-08-GP/FP (13%)	93-EMERGENCY MED (8%)
28435-Treatment of ankle fracture	\$17,305	76	090	0%	51%	20-ORTHOPEID SURG (82%)	48-PODIATRY (13%)	02-GNRL SURGERY (3%)
28450-Treat midfoot fracture, each	\$224,039	1,798	090	1%	71%	20-ORTHOPEID SURG (59%)	48-PODIATRY (18%)	01-08-GP/FP (10%)
28455-Treat midfoot fracture, each	\$30,131	165	090	0%	69%	20-ORTHOPEID SURG (64%)	48-PODIATRY (32%)	01-08-GP/FP (2%)
28470-Treat metatarsal fracture	\$2,496,155	23,239	090	4%	70%	20-ORTHOPEID SURG (60%)	48-PODIATRY (15%)	01-08-GP/FP (2%)
28475-Treat metatarsal fracture	\$388,014	2,432	090	1%	72%	20-ORTHOPEID SURG (57%)	48-PODIATRY (35%)	01-08-GP/FP (4%)
28530-Treat sesamoid bone fracture	\$3,871	60	090	0%	93%	48-PODIATRY (75%)	20-ORTHOPEID SURG (13%)	01-08-GP/FP (8%)
28540-Treat foot dislocation	\$8,912	148	090	0%	89%	48-PODIATRY (75%)	20-ORTHOPEID SURG (16%)	01-08-GP/FP (5%)
28570-Treat foot dislocation	\$3,963	45	090	0%	60%	20-ORTHOPEID SURG (42%)	48-PODIATRY (40%)	11-INTERNAL MED (9%)
28600-Treat foot dislocation	\$5,421	80	090	0%	61%	48-PODIATRY (45%)	20-ORTHOPEID SURG (43%)	11-INTERNAL MED (4%)
308-Closed Treatment of Fracture and Dislocation of Finger, Toe and Trunk								
Family Medicare Charges:	\$9,685,276							
Percent of CPEP Medicare Charges:		1%						
Family Private Payments:	\$849,458							
Percent of CPEP Private Payments:		1%						
21800-Treatment of rib fracture	\$680,787	13,542	090	7%	38%	01-08-GP/FP (38%)	93-EMERGENCY MED (25%)	20-ORTHOPEID SURG (19%)
21820-Treat sternum fracture	\$22,093	236	090	0%	34%	20-ORTHOPEID SURG (39%)	01-08-GP/FP (24%)	93-EMERGENCY MED (23%)
22305-Treat spine process fracture	\$224,452	1,345	090	2%	45%	20-ORTHOPEID SURG (60%)	01-08-GP/FP (16%)	93-EMERGENCY MED (15%)
22310-Treat spine fracture	\$3,466,723	11,983	090	3%	38%	20-ORTHOPEID SURG (80%)	01-08-GP/FP (10%)	93-EMERGENCY MED (5%)
23500-Treat clavicle fracture	\$823,544	7,320	090	9%	42%	20-ORTHOPEID SURG (58%)	01-08-GP/FP (17%)	93-EMERGENCY MED (16%)
23505-Treat clavicle fracture	\$166,096	829	090	2%	47%	20-ORTHOPEID SURG (79%)	01-08-GP/FP (10%)	02-GNRL SURGERY (4%)
23520-Treat clavicle dislocation	\$8,151	79	090	0%	47%	20-ORTHOPEID SURG (76%)	93-EMERGENCY MED (13%)	70-GROUP PRAC (6%)
23525-Treat clavicle dislocation	\$5,653	36	090	0%	25%	20-ORTHOPEID SURG (58%)	01-08-GP/FP (25%)	02-GNRL SURGERY (6%)

Top Medicare Specialties (% of Procedure Volume)

Pct. of Family Vol. in Pct. of Family AllDChgs

1993 MC Allowed Charges

1993 MC Units of Service

Global Period

Pct. of Family PrivPmts

Pct. of Family Vol. in OFFICE

Procedure

First Specialty

Second Specialty

Third Specialty

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDChgs	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
23540-Treat clavicle dislocation	\$43,659	417	090	0%	1%	33%	20-ORTHOPEID SURG (47%)	93-EMERGENCY MED (24%)	01,08-GP/FP (19%)
23545-Treat clavicle dislocation	\$20,470	127	090	0%	-	27%	20-ORTHOPEID SURG (69%)	01,08-GP/FP (9%)	93-EMERGENCY MED (9%)
23570-Treat shoulderblade fracture	\$163,185	1,355	090	2%	1%	42%	20-ORTHOPEID SURG (74%)	01,08-GP/FP (11%)	93-EMERGENCY MED (8%)
23575-Treat shoulderblade fracture	\$18,166	89	090	0%	-	33%	20-ORTHOPEID SURG (83%)	01,08-GP/FP (8%)	70-GROUP PRAC (4%)
23650-Treat shoulder dislocation	\$1,438,662	9,233	090	15%	7%	9%	93-EMERGENCY MED (33%)	20-ORTHOPEID SURG (29%)	01,08-GP/FP (23%)
26700-Treat knuckle dislocation	\$57,746	601	090	1%	1%	22%	93-EMERGENCY MED (34%)	01,08-GP/FP (26%)	20-ORTHOPEID SURG (23%)
26720-Treat finger fracture, each	\$55,756	8,049	090	6%	25%	54%	20-ORTHOPEID SURG (54%)	01,08-GP/FP (20%)	93-EMERGENCY MED (14%)
26725-Treat finger fracture, each	\$459,381	3,558	090	5%	12%	52%	20-ORTHOPEID SURG (77%)	01,08-GP/FP (6%)	93-EMERGENCY MED (5%)
26740-Treat finger fracture, each	\$41,656	506	090	0%	2%	59%	20-ORTHOPEID SURG (59%)	01,08-GP/FP (16%)	93-EMERGENCY MED (8%)
26750-Treat finger fracture, each	\$237,350	3,854	090	2%	6%	43%	20-ORTHOPEID SURG (38%)	01,08-GP/FP (23%)	93-EMERGENCY MED (21%)
26755-Treat finger fracture, each	\$68,777	670	090	1%	2%	44%	20-ORTHOPEID SURG (55%)	01,08-GP/FP (12%)	24-PLASTIC SURG (10%)
26770-Treat finger dislocation	\$199,203	2,560	090	2%	2%	17%	93-EMERGENCY MED (38%)	01,08-GP/FP (24%)	20-ORTHOPEID SURG (19%)
27200-Treat tail bone fracture	\$43,526	421	090	0%	0%	46%	20-ORTHOPEID SURG (52%)	01,08-GP/FP (22%)	93-EMERGENCY MED (15%)
28490-Treat big toe fracture	\$190,461	3,352	090	2%	4%	66%	20-ORTHOPEID SURG (32%)	48-PODIATRY (31%)	01,08-GP/FP (16%)
28495-Treat big toe fracture	\$56,944	660	090	1%	1%	80%	48-PODIATRY (58%)	20-ORTHOPEID SURG (27%)	01,08-GP/FP (6%)
28510-Treatment of toe fracture	\$499,828	8,264	090	5%	7%	76%	48-PODIATRY (49%)	20-ORTHOPEID SURG (21%)	01,08-GP/FP (13%)
28515-Treatment of toe fracture	\$156,438	1,928	090	2%	2%	87%	48-PODIATRY (72%)	20-ORTHOPEID SURG (17%)	01,08-GP/FP (5%)
28630-Treat toe dislocation	\$15,644	197	010	0%	-	51%	48-PODIATRY (32%)	20-ORTHOPEID SURG (23%)	01,08-GP/FP (19%)
28640-Treat toe dislocation	\$20,945	410	010	0%	1%	34%	93-EMERGENCY MED (28%)	01,08-GP/FP (24%)	48-PODIATRY (21%)

392-Cast and Strapping

Family Medicare Charges: \$26,467,917
 Family Private Payments: \$2,412,588
 Percent of CPEP Medicare Charges: 2%
 Percent of CPEP Private Payments: 3%

20660-Apply,remove fixation device	\$217,613	2,276	000	1%	1%	17%	14-NEUROSURGERY (70%)	20-ORTHOPEID SURG (10%)	48-PODIATRY (4%)
20662-Application of pelvis brace	\$17,713	39	090	0%	-	10%	20-ORTHOPEID SURG (79%)	11-INTERNAL MED (8%)	01,08-GP/FP (5%)
20663-Application of thigh brace	\$2,813	8	090	0%	-	0%	49-ASC (50%)	20-ORTHOPEID SURG (38%)	70-GROUP PRAC (13%)
20665-Removal of fixation device	\$4,784	99	010	0%	-	40%	14-NEUROSURGERY (42%)	20-ORTHOPEID SURG (33%)	01,08-GP/FP (6%)
29000-Application of body cast	\$13,117	139	000	0%	-	10%	20-ORTHOPEID SURG (35%)	01,08-GP/FP (24%)	14-NEUROSURGERY (22%)
29010-Application of body cast	\$7,312	49	000	0%	-	74%	20-ORTHOPEID SURG (65%)	14-NEUROSURGERY (12%)	11-INTERNAL MED (8%)
29015-Application of body cast	\$2,678	47	000	0%	-	63%	04-OTOLARYNG (21%)	18-OPHTHALMOLOGY (26%)	41-OPTOMETRIST (19%)
29020-Application of body cast	\$1,439	19	000	0%	-	76%	20-ORTHOPEID SURG (52%)	16-OB-GYNECOLOGY (16%)	20-ORTHOPEID SURG (16%)
29025-Application of body cast	\$1,247	21	000	0%	-	50%	20-ORTHOPEID SURG (76%)	01,08-GP/FP (9%)	14-NEUROSURGERY (10%)
29035-Application of body cast	\$12,340	106	000	0%	-	17%	20-ORTHOPEID SURG (42%)	14-NEUROSURGERY (33%)	70-GROUP PRAC (8%)
29040-Application of body cast	\$1,210	12	000	0%	-	41%	20-ORTHOPEID SURG (91%)	05-ANESTHESIA (2%)	01,08-GP/FP (25%)
29044-Application of body cast	\$7,278	56	000	0%	-	4%	20-ORTHOPEID SURG (96%)	30-RADIOLOGY (4%)	24-PLASTIC SURG (2%)
29046-Application of body cast	\$2,905	24	000	0%	-	62%	20-ORTHOPEID SURG (34%)	48-PODIATRY (31%)	(.)
29049-Application of shoulder cast	\$5,318	146	000	0%	-	43%	20-ORTHOPEID SURG (80%)	01,08-GP/FP (10%)	40-HAND SURGERY (16%)
29055-Application of shoulder cast	\$7,215	89	000	0%	-	50%	20-ORTHOPEID SURG (73%)	01,08-GP/FP (20%)	40-HAND SURGERY (8%)
29058-Application of shoulder cast	\$6,088	123	000	0%	-	82%	20-ORTHOPEID SURG (88%)	01,08-GP/FP (6%)	93-EMERGENCY MED (6%)
29065-Application of long arm cast	\$788,717	14,548	000	3%	6%	90%	20-ORTHOPEID SURG (84%)	01,08-GP/FP (7%)	40-HAND SURGERY (2%)
29075-Application of forearm cast	\$2,681,151	59,885	000	11%	16%	88%	20-ORTHOPEID SURG (67%)	01,08-GP/FP (13%)	40-HAND SURGERY (7%)
29085-Apply hand/wrist cast	\$183,752	4,626	000	1%	2%	60%	20-ORTHOPEID SURG (63%)	01,08-GP/FP (13%)	93-EMERGENCY MED (13%)
29105-Apply long arm splint	\$398,429	10,707	000	2%	2%	64%	20-ORTHOPEID SURG (60%)	01,08-GP/FP (18%)	93-EMERGENCY MED (15%)
29125-Apply forearm splint	\$1,122,154	42,286	000	5%	6%	87%	20-ORTHOPEID SURG (50%)	40-HAND SURGERY (16%)	01,08-GP/FP (13%)
29126-Apply forearm splint	\$40,217	1,237	000	0%	0%	70%	20-ORTHOPEID SURG (29%)	01,08-GP/FP (20%)	24-PLASTIC SURG (15%)
29130-Application of finger splint	\$149,815	10,494	000	1%	1%	93%	01,08-GP/FP (47%)	70-GROUP PRAC (14%)	93-EMERGENCY MED (11%)
29131-Application of finger splint	\$16,217	615	000	0%	0%	88%	20-ORTHOPEID SURG (36%)	93-EMERGENCY MED (25%)	01,08-GP/FP (10%)
29200-Strapping of chest	\$19,543	890	000	0%	0%	39%	20-ORTHOPEID SURG (26%)	20-ORTHOPEID SURG (30%)	93-EMERGENCY MED (12%)
29220-Strapping of low back	\$25,516	826	000	0%	0%	73%	01,08-GP/FP (30%)	20-ORTHOPEID SURG (30%)	93-EMERGENCY MED (12%)
29240-Strapping of shoulder	\$86,971	3,541	000	0%	0%	73%	01,08-GP/FP (30%)	20-ORTHOPEID SURG (30%)	93-EMERGENCY MED (12%)
29260-Strapping of elbow or wrist	\$78,294	4,315	000	0%	0%	73%	01,08-GP/FP (30%)	20-ORTHOPEID SURG (30%)	93-EMERGENCY MED (12%)

1993 MC Allowed Charges

1993 MC Units of Service

Global Period

Pct. of Family AllChgs

Pct. of Family PrivPmts

Pct. of Vol. in OFFICE

First Specialty

Second Specialty

Third Specialty

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
29280-Strapping of hand or finger	\$27,334	1,823	000	0%	0%	80%	40-HAND SURGERY (28%)	20-ORTHOPED SURG (20%)	01,08-GP/FP (19%)
29305-Application of hip cast	\$30,218	254	000	0%	0%	23%	20-ORTHOPED SURG (93%)	01,08-GP/FP (3%)	11-INTERNAL MED (1%)
29325-Application of hip casts	\$16,634	136	000	0%	1%	9%	20-ORTHOPED SURG (92%)	70-GROUP PRAC (4%)	24-PLASTIC SURG (2%)
29345-Application of long leg cast	\$449,904	6,199	000	2%	3%	80%	20-ORTHOPED SURG (89%)	01,08-GP/FP (4%)	70-GROUP PRAC (2%)
29355-Application of long leg cast	\$119,048	1,433	000	0%	1%	80%	20-ORTHOPED SURG (73%)	48-PODIATRY (15%)	01,08-GP/FP (5%)
29358-Apply long leg cast brace	\$88,222	701	000	0%	1%	58%	20-ORTHOPED SURG (87%)	01,08-GP/FP (5%)	48-PODIATRY (2%)
29365-Application of long leg cast	\$194,717	3,027	000	1%	1%	76%	20-ORTHOPED SURG (94%)	01,08-GP/FP (2%)	70-GROUP PRAC (2%)
29405-Apply short leg cast	\$2,443,572	45,077	000	10%	17%	85%	20-ORTHOPED SURG (75%)	48-PODIATRY (13%)	01,08-GP/FP (7%)
29425-Apply short leg cast	\$2,585,229	38,707	000	11%	19%	90%	20-ORTHOPED SURG (65%)	48-PODIATRY (27%)	01,08-GP/FP (3%)
29435-Apply short leg cast	\$104,425	1,310	000	0%	1%	83%	20-ORTHOPED SURG (80%)	25-PHYSICL-REHAB (10%)	48-PODIATRY (3%)
29440-Addition of walker to cast	\$20,464	1,258	000	0%	0%	97%	20-ORTHOPED SURG (71%)	01,08-GP/FP (14%)	48-PODIATRY (11%)
29445-Apply rigid leg cast	.	.	000	.	.	.	(.)	(.)	(.)
29450-Application of leg cast	\$13,626	399	000	0%	1%	93%	48-PODIATRY (67%)	20-ORTHOPED SURG (20%)	01,08-GP/FP (8%)
29505-Application long leg splint	\$156,381	4,073	000	1%	1%	39%	20-ORTHOPED SURG (43%)	01,08-GP/FP (22%)	93-EMERGENCY MED (18%)
29515-Application lower leg splint	\$737,036	22,372	000	3%	4%	58%	48-PODIATRY (31%)	20-ORTHOPED SURG (22%)	93-EMERGENCY MED (17%)
29520-Strapping of hip	\$8,056	395	000	0%	0%	87%	03-ALLERGY/IMMUN (41%)	01,08-GP/FP (34%)	48-PODIATRY (7%)
29530-Strapping of knee	\$91,259	3,923	000	0%	1%	50%	20-ORTHOPED SURG (25%)	93-EMERGENCY MED (25%)	01,08-GP/FP (21%)
29540-Strapping of ankle	\$3,019,544	151,760	000	12%	5%	98%	48-PODIATRY (96%)	20-ORTHOPED SURG (1%)	01,08-GP/FP (1%)
29550-Strapping of toes	\$1,172,082	66,465	000	5%	1%	95%	48-PODIATRY (98%)	20-ORTHOPED SURG (1%)	01,08-GP/FP (0%)
29580-Application of paste boot	\$6,769,012	275,925	000	28%	7%	94%	48-PODIATRY (34%)	02-GNRL SURGERY (28%)	01,08-GP/FP (11%)
29590-Application of foot splint	\$152,036	6,092	000	1%	.	87%	48-PODIATRY (93%)	01,08-GP/FP (2%)	70-GROUP PRAC (2%)
29700-Removal/revision of cast	\$145,989	5,546	000	1%	1%	85%	20-ORTHOPED SURG (45%)	01,08-GP/FP (17%)	02-GNRL SURGERY (14%)
29705-Removal/revision of cast	\$157,558	5,022	000	1%	1%	78%	20-ORTHOPED SURG (77%)	01,08-GP/FP (10%)	70-GROUP PRAC (4%)
29710-Removal/revision of cast	\$1,820	43	000	0%	.	53%	20-ORTHOPED SURG (88%)	01,08-GP/FP (7%)	26-PSYCHIATRY (2%)
29715-Removal/revision of cast	\$293	5	000	0%	0%	80%	02-GNRL SURGERY (40%)	01,08-GP/FP (20%)	20-ORTHOPED SURG (20%)
29720-Repair of body cast	\$14,312	653	000	0%	0%	92%	20-ORTHOPED SURG (85%)	48-PODIATRY (4%)	01,08-GP/FP (4%)
29730-Windling of cast	\$23,983	1,000	000	0%	0%	79%	20-ORTHOPED SURG (78%)	48-PODIATRY (7%)	01,08-GP/FP (4%)
29740-Wedging of cast	\$22,439	568	000	0%	0%	82%	20-ORTHOPED SURG (72%)	40-HAND SURGERY (8%)	01,08-GP/FP (7%)
29750-Wedging of clubfoot cast	\$1,081	32	000	0%	.	91%	48-PODIATRY (72%)	20-ORTHOPED SURG (19%)	01,08-GP/FP (3%)

CPEP 4 - OB/GYN

Procedure First Specialty Second Specialty Third Specialty

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Pct. of Family Alldchgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)
C 4						
===== 400-Artificial Fertilization						
Family Medicare Charges:	\$1,024					
Family Private Payments:	\$193,280					
Percent of CPEP Medicare Charges:	0%					
Percent of CPEP Private Payments:	0%					
58321-Artificial insemination	.	000	.	.	(.)	(.)
58322-Artificial insemination	.	000	.	.	(.)	(.)
58323-Sperm washing	.	000	.	.	(.)	(.)
58970-Retrieval of oocyte	\$589	2	58%	6%	16-OB-GYNECOLOGY (100%)	(.)
58974-Transfer of embryo	\$75	1	7%	16%	16-OB-GYNECOLOGY (100%)	(.)
58976-Transfer of embryo	.	000	.	16%	(.)	(.)
76948-Echo guide, ova aspiration	\$360	11	35%	.	30-RADIOLOGY (82%)	11-INTERNAL MED (9%)
						34-UROLOGY (9%)
404-Pregnancy Related Tests						
Family Medicare Charges:	\$245,852					
Family Private Payments:	\$1,643,051					
Percent of CPEP Medicare Charges:	0%					
Percent of CPEP Private Payments:	2%					
59000-Amniocentesis	\$52,284	693	21%	31%	16-OB-GYNECOLOGY (89%)	70-GROUP PRAC (3%)
59012-Fetal cord puncture, prenatal	\$1,018	8	0%		16-OB-GYNECOLOGY (50%)	48-PODIATRY (25%)
59015-Chorion biopsy	\$2,156	21	1%	5%	16-OB-GYNECOLOGY (62%)	30-RADIOLOGY (10%)
59020-Fetal contract stress test	\$10,586	144	4%	2%	16-OB-GYNECOLOGY (93%)	70-GROUP PRAC (5%)
59025-Fetal non-stress test	\$142,371	4,129	58%	49%	16-OB-GYNECOLOGY (85%)	70-GROUP PRAC (6%)
59030-Fetal scalp blood sample	\$588	11	0%	0%	16-OB-GYNECOLOGY (91%)	11-INTERNAL MED (9%)
59050-Fetal monitor w/report	\$8,740	118	4%	6%	16-OB-GYNECOLOGY (83%)	70-GROUP PRAC (9%)
59051-Fetal monitor/interpret onl	.	XXX	.	.	(.)	(.)
59200-Insert cervical dilator	\$11,240	270	5%	1%	16-OB-GYNECOLOGY (85%)	70-GROUP PRAC (5%)
76945-Echo guide, villus sampling	.	XXX	.	.	(.)	(.)
76946-Echo guide for amniocentesis	\$16,869	466	7%	4%	16-OB-GYNECOLOGY (49%)	30-RADIOLOGY (39%)
408-Pregnancy Hospital Procedures						
Family Medicare Charges:	\$9,998					
Family Private Payments:	\$41,881					
Percent of CPEP Medicare Charges:	0%					
Percent of CPEP Private Payments:	0%					
59300-Episiotomy or vaginal repair	\$7,576	164	76%	26%	06-CARDIOLOGY (51%)	16-OB-GYNECOLOGY (23%)
59412-Antepartum manipulation	\$1,565	17	16%	74%	16-OB-GYNECOLOGY (82%)	70-GROUP PRAC (18%)
59414-Deliver placenta	\$857	13	9%	.	16-OB-GYNECOLOGY (69%)	93-EMERGENCY MED (15%)
412-Delivery Services and Postpartum Care						
Family Medicare Charges:	\$4,385,922					
Family Private Payments:	\$56,044,150					
Percent of CPEP Medicare Charges:	3%					
Percent of CPEP Private Payments:	57%					
59400-Obstetrical care	\$1,716,211	2,035	39%	68%	16-OB-GYNECOLOGY (78%)	01-OB-GP/FP (15%)
59409-Obstetrical care	.	HHH	.	.	(.)	(.)
59410-Obstetrical care	\$978,392	1,688	22%	5%	16-OB-GYNECOLOGY (80%)	01-OB-GP/FP (11%)
59425-Antepartum care only	.	HHH	.	.	(.)	(.)
59426-Antepartum care only	.	HHH	.	.	(.)	(.)
59430-Care after delivery	\$27,414	589	1%	0%	16-OB-GYNECOLOGY (77%)	01-OB-GP/FP (15%)
59510-Cesarean delivery	\$979,577	1,046	22%	24%	16-OB-GYNECOLOGY (89%)	01-OB-GP/FP (5%)
59514-Cesarean delivery only	.	HHH	.	.	(.)	(.)
59515-Cesarean delivery	\$684,328	1,218	16%	3%	16-OB-GYNECOLOGY (74%)	01-OB-GP/FP (10%)
416-Spontaneous and Therapeutic Abortion						
Family Medicare Charges:	\$296,550					
Percent of CPEP Medicare Charges:	0%					

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Alldchgs	Pct. of Family Vol. in PrivPmts	Top Medicare Specialties (% of Procedure Volume)				
						First Specialty	Second Specialty	Third Specialty		
						OFFICE				
Family Private Payments: \$2,652,891						Percent of CPEP Private Payments: 3%				
59812-Treatment of miscarriage	\$77,008	330	090	26%	19%	9%	16-08-GYNECOLOGY (88%)	01,08-GP/FP (6%)	70-GROUP PRAC (3%)	
59820-Care of miscarriage	\$76,075	297	090	26%	35%	9%	16-08-GYNECOLOGY (89%)	01,08-GP/FP (8%)	70-GROUP PRAC (1%)	
59821-Treatment of miscarriage	\$3,371	14	090	1%	1%	7%	16-08-GYNECOLOGY (86%)	01,08-GP/FP (7%)	49-ASC (7%)	
59830-Treat uterus infection	\$685	2	090	0%	0%	0%	16-08-GYNECOLOGY (100%)	(.)	(.)	
59840-Abortion	\$79,945	321	010	27%	27%	39%	16-08-GYNECOLOGY (88%)	01,08-GP/FP (10%)	70-GROUP PRAC (2%)	
59841-Abortion	\$43,997	152	010	15%	13%	36%	16-08-GYNECOLOGY (85%)	01,08-GP/FP (7%)	70-GROUP PRAC (6%)	
59850-Abortion	\$4,363	14	090	1%	2%	2%	16-08-GYNECOLOGY (93%)	99-UNKNOWN PHYS (7%)	(.)	
59851-Abortion	\$8,854	26	090	3%	2%	12%	16-08-GYNECOLOGY (88%)	01,08-GP/FP (8%)	11-INTERNAL MED (4%)	
59852-Abortion	-	-	090	-	-	-	(.)	(.)	(.)	
59855-Abortion	-	-	090	-	-	-	(.)	(.)	(.)	
59856-Abortion	-	-	090	-	-	-	(.)	(.)	(.)	
59857-Abortion	-	-	090	-	-	-	(.)	(.)	(.)	
59870-Evacuate mole of uterus	\$2,252	10	090	1%	0%	0%	16-08-GYNECOLOGY (60%)	70-GROUP PRAC (20%)	01,08-GP/FP (10%)	
420-Dilation and Curettage						Percent of CPEP Medicare Charges: 8%				
Family Medicare Charges: \$11,228,740						Percent of CPEP Private Payments: 4%				
Family Private Payments: \$4,353,771										
57820-D&C of residual cervix	\$86,238	449	010	1%	1%	29%	16-08-GYNECOLOGY (63%)	01,08-GP/FP (13%)	02-GNRL SURGERY (9%)	
58120-Dilation and curettage (D&C)	\$11,127,263	55,088	010	99%	98%	10%	16-08-GYNECOLOGY (80%)	49-ASC (7%)	02-GNRL SURGERY (5%)	
59160-D&C after delivery	\$15,239	93	010	0%	1%	15%	16-08-GYNECOLOGY (82%)	01,08-GP/FP (13%)	02-GNRL SURGERY (3%)	
424-Hysteroscopy						Percent of CPEP Medicare Charges: 3%				
Family Medicare Charges: \$3,821,499						Percent of CPEP Private Payments: -				
Family Private Payments: -										
56350-Hysteroscopy; diagnostic	\$1,246,559	8,493	000	33%	-	14%	16-08-GYNECOLOGY (86%)	49-ASC (9%)	70-GROUP PRAC (2%)	
56351-Hysteroscopy; biopsy	\$2,218,868	11,224	000	58%	-	9%	16-08-GYNECOLOGY (94%)	70-GROUP PRAC (2%)	01,08-GP/FP (1%)	
56352-Hysteroscopy; lysis	\$40,325	176	000	1%	-	3%	16-08-GYNECOLOGY (76%)	49-ASC (14%)	02-GNRL SURGERY (4%)	
56353-Hysteroscopy; resect septum	\$7,944	38	000	0%	-	5%	16-08-GYNECOLOGY (79%)	01,08-GP/FP (8%)	70-GROUP PRAC (5%)	
56354-Hysteroscopy; remove myoma	\$117,823	321	000	3%	-	1%	16-08-GYNECOLOGY (87%)	49-ASC (10%)	70-GROUP PRAC (1%)	
56355-Hysteroscopy; remove impact	\$5,491	29	000	0%	-	10%	16-08-GYNECOLOGY (76%)	02-GNRL SURGERY (14%)	11-INTERNAL MED (3%)	
56356-Hysteroscopy; ablation	\$184,489	568	000	5%	-	4%	16-08-GYNECOLOGY (86%)	05-ANESTHESIA (6%)	70-GROUP PRAC (4%)	
428-Colposcopy						Percent of CPEP Medicare Charges: 3%				
Family Medicare Charges: \$3,774,095						Percent of CPEP Private Payments: 3%				
Family Private Payments: \$2,827,926										
57452-Examination of vagina	\$1,080,406	20,301	000	29%	23%	88%	16-08-GYNECOLOGY (79%)	34-UROLOGY (6%)	01,08-GP/FP (6%)	
57454-Vagina examination & biopsy	\$2,368,808	25,355	000	65%	77%	92%	16-08-GYNECOLOGY (86%)	01,08-GP/FP (8%)	70-GROUP PRAC (3%)	
57460-Cervix excision	\$324,881	2,061	000	9%	-	65%	16-08-GYNECOLOGY (93%)	70-GROUP PRAC (3%)	01,08-GP/FP (2%)	
432-Intrauterine Insertion and Removal						Percent of CPEP Medicare Charges: 1%				
Family Medicare Charges: \$1,650,763						Percent of CPEP Private Payments: 0%				
Family Private Payments: \$46,413										
11975-Insert contraceptive cap	\$417	6	XXX	0%	-	67%	16-08-GYNECOLOGY (67%)	70-GROUP PRAC (33%)	(.)	
11976-Removal of contraceptive cap	\$207	4	XXX	0%	-	100%	16-08-GYNECOLOGY (100%)	(.)	(.)	
11977-Remove/reinsert contra cap	-	-	XXX	-	-	-	(.)	(.)	(.)	
57160-Insertion of pessary	\$1,631,852	55,837	000	99%	15%	97%	16-08-GYNECOLOGY (89%)	01,08-GP/FP (5%)	70-GROUP PRAC (2%)	

57170-Fitting of diaphragm/cap 230 000 0% 20% 96% 16-OB-GYNECOLOGY (84%) 01,08-GP/FP (8%) 11-INTERNAL MED (3%)
 58300-Insert intrauterine device 91 XXX 0% 44% 82% 16-OB-GYNECOLOGY (71%) 01,08-GP/FP (14%) 70-GROUP PRAC (13%)
 58301-Remove intrauterine device 156 000 0% 21% 71% 16-OB-GYNECOLOGY (73%) 01,08-GP/FP (12%) 70-GROUP PRAC (6%)

436-Simple Laparoscopic Procedures
 Family Medicare Charges: \$4,172,045
 Family Private Payments: \$104,142

Percent of CPEP Medicare Charges: 3%
 Percent of CPEP Private Payments: 0%

56300-Pelvis laparoscopy, dx 8,736 010 48% . 2% 02-GNRL SURGERY (49%) 16-OB-GYNECOLOGY (35%) 34-UROLOGY (4%)
 56301-Laparoscopy; tubal cautery 513 010 3% . 7% 16-OB-GYNECOLOGY (69%) 05-ANESTHESIA (9%) 02-GNRL SURGERY (9%)
 56302-Laparoscopy; tubal block 319 010 3% . 10% 16-OB-GYNECOLOGY (84%) 02-GNRL SURGERY (7%) 01,08-GP/FP (4%)
 56304-Laparoscopy; lysis 4,326 010 31% . 1% 02-GNRL SURGERY (45%) 16-OB-GYNECOLOGY (39%) 01,08-GP/FP (3%)
 56305-Pelvic laparoscopy; biopsy 1,403 010 11% . 1% 02-GNRL SURGERY (47%) 16-OB-GYNECOLOGY (36%) 01,08-GP/FP (4%)
 56306-Laparoscopy; aspiration 161,419 010 4% . 1% 16-OB-GYNECOLOGY (63%) 02-GNRL SURGERY (24%) 01,08-GP/FP (3%)
 56360-Peritoneoscopy
 56361-Peritoneoscopy w/biopsy
 59150-Treat ectopic pregnancy 22 090 0% 100%

440-Complex Laparoscopic Procedures
 Family Medicare Charges: \$2,709,272
 Family Private Payments: \$47,716

Percent of CPEP Medicare Charges: 2%
 Percent of CPEP Private Payments: 0%

56303-Laparoscopy; excise lesions 615 010 7% . 3% 16-OB-GYNECOLOGY (79%) 02-GNRL SURGERY (9%) 70-GROUP PRAC (3%)
 56307-Laparoscopy; remove adnexa 2,314 010 29% . 2% 16-OB-GYNECOLOGY (80%) 02-GNRL SURGERY (10%) 01,08-GP/FP (2%)
 56308-Laparoscopy; hysterectomy 3,146 010 63% . 2% 16-OB-GYNECOLOGY (84%) 02-GNRL SURGERY (8%) 01,08-GP/FP (4%)
 56309-Laparoscopy; remove myoma 88 010 1% . 2% 16-OB-GYNECOLOGY (83%) 02-GNRL SURGERY (13%) 01,08-GP/FP (3%)
 59151-Treat ectopic pregnancy 16 090 0% 100%

444-Hysterectomy
 Family Medicare Charges: \$51,147,883
 Family Private Payments: \$15,003,655

Percent of CPEP Medicare Charges: 35%
 Percent of CPEP Private Payments: 15%

51925-Hysterectomy/bladder repair 3 090 0% . 0% 01,08-GP/FP (33%) 02-GNRL SURGERY (33%) 16-OB-GYNECOLOGY (33%)
 58150-Total hysterectomy 45,544 090 47% 71% 1% 16-OB-GYNECOLOGY (74%) 02-GNRL SURGERY (14%) 01,08-GP/FP (5%)
 58152-Total hysterectomy 2,542 090 3% 5% 2% 16-OB-GYNECOLOGY (79%) 02-GNRL SURGERY (11%) 01,08-GP/FP (7%)
 58180-Partial hysterectomy 716 090 0% 0% 2% 16-OB-GYNECOLOGY (59%) 02-GNRL SURGERY (28%) 70-GROUP PRAC (4%)
 58200-Extensive hysterectomy 3,730 090 6% 1% 1% 16-OB-GYNECOLOGY (74%) 02-GNRL SURGERY (9%) 91-SURG ONCOLOGY (8%)
 58210-Extensive hysterectomy 2,209 090 5% 2% 2% 16-OB-GYNECOLOGY (77%) 91-SURG ONCOLOGY (9%) 02-GNRL SURGERY (6%)
 58260-Vaginal hysterectomy 25,777 090 24% 18% 2% 16-OB-GYNECOLOGY (83%) 02-GNRL SURGERY (7%) 01,08-GP/FP (5%)
 58262-Vaginal hysterectomy 3,560 090 4% . 2% 16-OB-GYNECOLOGY (86%) 01,08-GP/FP (5%) 02-GNRL SURGERY (4%)
 58263-Vaginal hysterectomy 1,590 090 2% . 2% 16-OB-GYNECOLOGY (86%) 02-GNRL SURGERY (5%) 01,08-GP/FP (4%)
 58267-Hysterectomy & vagina repair 1,663 090 2% 1% 2% 16-OB-GYNECOLOGY (82%) 02-GNRL SURGERY (7%) 01,08-GP/FP (5%)
 58270-Hysterectomy & vagina repair 2,620 090 3% 1% 1% 16-OB-GYNECOLOGY (83%) 02-GNRL SURGERY (6%) 01,08-GP/FP (5%)
 58275-Hysterectomy, revise vagina 858 090 1% . 2% 16-OB-GYNECOLOGY (76%) 02-GNRL SURGERY (13%) 01,08-GP/FP (6%)
 58280-Hysterectomy, revise vagina 868 090 1% . 2% 16-OB-GYNECOLOGY (75%) 02-GNRL SURGERY (11%) 01,08-GP/FP (8%)
 58285-Extensive hysterectomy 331,049 011 0% . 0% 16-OB-GYNECOLOGY (80%) 01,08-GP/FP (3%) 02-GNRL SURGERY (5%)
 59525-Remove uterus after cesarean 41 11M 0% 0% 0% 16-OB-GYNECOLOGY (55%) 02-GNRL SURGERY (18%) 10-GASTROENTER (18%)

448-Hysterectomy - Oncology
 Family Medicare Charges: \$8,883,586
 Family Private Payments: \$345,051

Percent of CPEP Medicare Charges: 6%
 Percent of CPEP Private Payments: 0%

Procedure	1993 MC				Top Medicare Specialties (% of Procedure Volume)					
	Allowed Charges	Units of Service	Global Period	Pct. of Family All'dchs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Specialty			
							First Specialty	Second Specialty	Third Specialty	
56630-Extensive vulva surgery	\$461,805	476	090	5%	.	2%	16-08-GYNECOLOGY (78%)	91-SURG ONCOLOGY (9%)	02-GNRL SURGERY (7%)	
56631-Extensive vulva surgery	\$186,998	175	090	2%	.	1%	16-08-GYNECOLOGY (79%)	91-SURG ONCOLOGY (10%)	02-GNRL SURGERY (5%)	
56632-Extensive vulva surgery	.	.	090	.	.	.	(.)	(.)	(.)	
56633-Extensive vulva surgery	\$198,256	178	090	2%	.	1%	16-08-GYNECOLOGY (79%)	91-SURG ONCOLOGY (6%)	02-GNRL SURGERY (6%)	
56634-Extensive vulva surgery	\$244,532	195	090	3%	.	3%	16-08-GYNECOLOGY (72%)	91-SURG ONCOLOGY (15%)	70-GROUP PRAC (5%)	
56637-Extensive vulva surgery	\$500,320	453	090	6%	.	0%	16-08-GYNECOLOGY (74%)	91-SURG ONCOLOGY (12%)	70-GROUP PRAC (5%)	
56640-Extensive vulva surgery	\$167,876	131	090	2%	.	2%	16-08-GYNECOLOGY (82%)	91-SURG ONCOLOGY (6%)	02-GNRL SURGERY (5%)	
58240-Removal of pelvis contents	\$765,696	438	090	9%	.	0%	16-08-GYNECOLOGY (49%)	02-GNRL SURGERY (20%)	91-SURG ONCOLOGY (13%)	
58950-Resect ovarian malignancy	\$953,322	1,428	090	11%	15%	1%	16-08-GYNECOLOGY (55%)	02-GNRL SURGERY (28%)	91-SURG ONCOLOGY (5%)	
58951-Resect ovarian malignancy	\$1,838,140	1,538	090	21%	27%	1%	16-08-GYNECOLOGY (70%)	02-GNRL SURGERY (15%)	91-SURG ONCOLOGY (6%)	
58952-Resect ovarian malignancy	\$2,385,171	2,108	090	27%	25%	1%	16-08-GYNECOLOGY (65%)	02-GNRL SURGERY (19%)	91-SURG ONCOLOGY (8%)	
58960-Exploration of abdomen	\$1,181,470	1,424	090	13%	32%	1%	16-08-GYNECOLOGY (65%)	02-GNRL SURGERY (18%)	91-SURG ONCOLOGY (8%)	
452-Hysterectomy - Urology										
Family Medicare Charges:	\$9,860,297									
Family Private Payments:	\$534,664									
Percent of CPEP Medicare Charges: 7%										
Percent of CPEP Private Payments: 1%										
57230-Repair of urethral lesion	\$13,522	121	090	0%	.	1%	16-08-GYNECOLOGY (82%)	02-GNRL SURGERY (9%)	34-UROLOGY (4%)	
57240-Repair bladder & vagina	\$3,256,638	12,338	090	33%	33%	2%	16-08-GYNECOLOGY (72%)	02-GNRL SURGERY (11%)	34-UROLOGY (7%)	
57265-Extensive repair of vagina	\$4,383,055	8,716	090	44%	30%	2%	16-08-GYNECOLOGY (81%)	02-GNRL SURGERY (7%)	01-08-GP/FP (5%)	
57288-Repair bladder defect	\$1,173,515	1,895	090	12%	7%	1%	34-UROLOGY (61%)	16-08-GYNECOLOGY (31%)	70-GROUP PRAC (3%)	
57289-Repair bladder & vagina	\$777,548	1,663	090	8%	18%	1%	16-08-GYNECOLOGY (49%)	34-UROLOGY (42%)	02-GNRL SURGERY (3%)	
57310-Repair urethrovaginal lesion	\$9,633	37	090	0%	.	14%	34-UROLOGY (65%)	16-08-GYNECOLOGY (16%)	01-08-GP/FP (5%)	
57311-Repair urethrovaginal lesion	\$3,447	9	090	0%	.	11%	16-08-GYNECOLOGY (56%)	34-UROLOGY (22%)	19-ORAL SURGERY (11%)	
57320-Repair bladder-vagina lesion	\$43,598	96	090	0%	.	3%	34-UROLOGY (59%)	16-08-GYNECOLOGY (24%)	70-GROUP PRAC (5%)	
57330-Repair bladder-vagina lesion	\$7,248	12	090	0%	.	17%	34-UROLOGY (58%)	16-08-GYNECOLOGY (25%)	20-ORHOPED SURG (8%)	
57555-Remove cervix, repair vagina	\$181,659	359	090	2%	.	1%	16-08-GYNECOLOGY (74%)	02-GNRL SURGERY (14%)	01-08-GP/FP (5%)	
58000-Drainage of ovarian cyst(s)	\$10,434	55	090	0%	11%	24%	16-08-GYNECOLOGY (69%)	30-RADIOLOGY (15%)	02-GNRL SURGERY (5%)	
456-Simple Female Reproductive Procedures										
Family Medicare Charges:	\$7,591,398									
Family Private Payments:	\$2,974,759									
Percent of CPEP Medicare Charges: 5%										
Percent of CPEP Private Payments: 3%										
56405-I & D of vulva/perineum	\$123,259	1,754	010	2%	.	71%	16-08-GYNECOLOGY (63%)	02-GNRL SURGERY (15%)	01-08-GP/FP (10%)	
56420-Drainage of gland abscess	\$91,074	1,325	010	1%	1%	76%	16-08-GYNECOLOGY (57%)	01-08-GP/FP (17%)	02-GNRL SURGERY (8%)	
56440-Surgery for vulva lesion	\$101,162	696	010	1%	4%	21%	16-08-GYNECOLOGY (75%)	02-GNRL SURGERY (11%)	49-ASC (6%)	
56441-Lysis of labial lesion(s)	\$21,127	221	010	0%	.	25%	16-08-GYNECOLOGY (57%)	34-UROLOGY (24%)	01-08-GP/FP (8%)	
56501-Destruction, vulva lesion(s)	\$238,461	3,810	010	3%	4%	89%	16-08-GYNECOLOGY (71%)	34-UROLOGY (13%)	07-DERMATOLOGY (6%)	
56515-Destruction, vulva lesion(s)	\$356,131	1,538	010	5%	6%	32%	16-08-GYNECOLOGY (76%)	49-ASC (9%)	02-GNRL SURGERY (3%)	
56605-Biopsy of vulva/perineum	\$904,414	16,869	000	12%	.	84%	16-08-GYNECOLOGY (90%)	01-08-GP/FP (2%)	70-GROUP PRAC (2%)	
56606-Biopsy of vulva/perineum	\$42,176	2,066	000	1%	.	61%	16-08-GYNECOLOGY (90%)	01-08-GP/FP (3%)	91-SURG ONCOLOGY (2%)	
56700-Partial removal of hymen	\$6,148	59	010	0%	1%	22%	16-08-GYNECOLOGY (73%)	34-UROLOGY (14%)	01-08-GP/FP (5%)	
56720-Incision of hymen	\$2,371	71	000	0%	.	20%	16-08-GYNECOLOGY (86%)	34-UROLOGY (6%)	01-08-GP/FP (7%)	
56740-Remove vagina gland lesion	\$102,574	450	010	1%	1%	20%	16-08-GYNECOLOGY (55%)	02-GNRL SURGERY (21%)	01-08-GP/FP (7%)	
56800-Repair of vagina	\$27,877	154	010	0%	.	6%	16-08-GYNECOLOGY (65%)	02-GNRL SURGERY (9%)	34-UROLOGY (8%)	
56805-Repair clitoris	\$3,552	6	090	0%	.	0%	28-COLORECTAL (50%)	16-08-GYNECOLOGY (33%)	11-INTERNAL MED (17%)	
56810-Repair of perineum	\$131,908	1,170	010	2%	.	4%	16-08-GYNECOLOGY (81%)	01-08-GP/FP (4%)	02-GNRL SURGERY (4%)	
57000-Exploration of vagina	\$21,980	169	010	0%	.	24%	16-08-GYNECOLOGY (56%)	34-UROLOGY (16%)	02-GNRL SURGERY (8%)	
57020-Drainage of pelvic fluid	\$9,004	245	000	0%	0%	43%	16-08-GYNECOLOGY (61%)	03-ALLERGY/IMMUN (25%)	02-GNRL SURGERY (4%)	
57061-Destruction vagina lesion(s)	\$95,297	1,422	010	1%	1%	81%	16-08-GYNECOLOGY (79%)	01-08-GP/FP (7%)	02-GNRL SURGERY (4%)	
57065-Destruction vagina lesion(s)	\$200,689	985	010	3%	3%	26%	16-08-GYNECOLOGY (77%)	49-ASC (7%)	91-SURG ONCOLOGY (3%)	
57100-Biopsy of vagina	\$340,392	6,642	000	4%	1%	76%	16-08-GYNECOLOGY (80%)	02-GNRL SURGERY (5%)	01-08-GP/FP (4%)	

First Specialty

Second Specialty

Third Specialty

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
57105-Biopsy of vagina	\$109,725	928	010	1%	0%	28%	16-08-GYNECOLOGY (71%)	02-GNRL SURGERY (10%)	34-UROLOGY (5%)
57130-Remove vagina lesion	\$13,785	95	010	0%	-	15%	16-08-GYNECOLOGY (69%)	02-GNRL SURGERY (9%)	01-08-GP/FP (5%)
57135-Remove vagina lesion	\$281,903	1,739	010	4%	2%	32%	16-08-GYNECOLOGY (67%)	02-GNRL SURGERY (13%)	01-08-GP/FP (7%)
57150-Treat vagina infection	\$118,526	4,898	000	2%	0%	99%	16-08-GYNECOLOGY (85%)	01-08-GP/FP (6%)	30-RADIOLOGY (4%)
57180-Treat vaginal bleeding	\$15,316	341	010	0%	0%	63%	16-08-GYNECOLOGY (74%)	01-08-GP/FP (6%)	02-GNRL SURGERY (6%)
57200-Repair of vagina	\$49,844	342	000	1%	1%	8%	16-08-GYNECOLOGY (67%)	02-GNRL SURGERY (11%)	34-UROLOGY (10%)
57210-Repair vagina/perineum	\$81,007	578	000	1%	1%	6%	16-08-GYNECOLOGY (77%)	02-GNRL SURGERY (7%)	01-08-GP/FP (4%)
57400-Dilatation of vagina	\$7,352	194	000	0%	-	39%	16-08-GYNECOLOGY (68%)	01-08-GP/FP (15%)	02-GNRL SURGERY (13%)
57410-Pelvic examination	\$282,597	8,941	000	4%	3%	33%	16-08-GYNECOLOGY (35%)	34-UROLOGY (19%)	01-08-GP/FP (18%)
57415-Remove vaginal foreign body	\$9,556	206	010	0%	-	16%	16-08-GYNECOLOGY (73%)	01-08-GP/FP (9%)	34-UROLOGY (6%)
57500-Biopsy of cervix	\$752,540	17,294	000	10%	9%	77%	16-08-GYNECOLOGY (82%)	01-08-GP/FP (9%)	02-GNRL SURGERY (4%)
57505-Endocervical curettage	\$429,766	8,611	010	6%	6%	90%	16-08-GYNECOLOGY (86%)	01-08-GP/FP (9%)	70-GROUP PRAC (2%)
57510-Cauterization of cervix	\$135,749	2,607	010	2%	3%	87%	16-08-GYNECOLOGY (74%)	01-08-GP/FP (17%)	02-GNRL SURGERY (5%)
57520-Conization of cervix	\$1,020,333	6,773	090	24%	43%	21%	16-08-GYNECOLOGY (80%)	49-ASC (7%)	02-GNRL SURGERY (3%)
57700-Revision of cervix	\$5,031	34	090	0%	3%	47%	16-08-GYNECOLOGY (53%)	34-UROLOGY (35%)	02-GNRL SURGERY (6%)
57800-Dilatation of cervical canal	\$57,927	1,678	000	1%	1%	81%	16-08-GYNECOLOGY (82%)	01-08-GP/FP (9%)	70-GROUP PRAC (2%)
58350-Reopen fallopian tube	\$1,645	62	010	0%	1%	15%	16-08-GYNECOLOGY (92%)	01-08-GP/FP (2%)	05-ANESTHESIA (2%)
59320-Revision of cervix	\$5,036	31	000	0%	2%	3%	16-08-GYNECOLOGY (94%)	70-GROUP PRAC (6%)	(.)
59325-Revision of cervix			000	-	-	(.)	(.)	(.)	(.)
q0091-Obtaining screen pap smear	\$594,164	36,336	XXX	8%	-	95%	16-08-GYNECOLOGY (63%)	11-INTERNAL MED (22%)	01-08-GP/FP (18%)

460-Complex Female Reproductive Procedures

Family Medicare Charges: \$19,348,695 Percent of CPEP Medicare Charges: 13%
 Family Private Payments: \$1,043,506 Percent of CPEP Private Payments: 1%

56620-Partial removal of vulva	\$871,239	1,791	090	5%	8%	5%	16-08-GYNECOLOGY (78%)	02-GNRL SURGERY (6%)	91-SURG ONCOLOGY (6%)
56625-Complete removal of vulva	\$158,503	260	090	1%	-	4%	16-08-GYNECOLOGY (73%)	02-GNRL SURGERY (10%)	91-SURG ONCOLOGY (8%)
57010-Drainage of pelvic abscess	\$35,287	175	090	0%	-	22%	02-GNRL SURGERY (35%)	16-08-GYNECOLOGY (35%)	01-08-GP/FP (8%)
57108-Partial removal of vagina	\$272,900	1,287	090	1%	-	2%	16-08-GYNECOLOGY (70%)	02-GNRL SURGERY (13%)	91-SURG ONCOLOGY (6%)
57120-Closure of vagina	\$767,606	2,101	090	4%	-	3%	16-08-GYNECOLOGY (86%)	02-GNRL SURGERY (5%)	01-08-GP/FP (3%)
57220-Revision of urethra	\$121,561	921	090	1%	-	3%	16-08-GYNECOLOGY (83%)	34-UROLOGY (6%)	02-GNRL SURGERY (5%)
57250-Repair rectum & vagina	\$2,637,837	10,997	090	14%	21%	2%	16-08-GYNECOLOGY (79%)	02-GNRL SURGERY (8%)	34-UROLOGY (6%)
57260-Repair of vagina	\$10,105,733	30,134	090	52%	51%	2%	16-08-GYNECOLOGY (81%)	02-GNRL SURGERY (8%)	01-08-GP/FP (5%)
57268-Repair of bowel bulge	\$1,353,393	4,251	090	7%	4%	2%	16-08-GYNECOLOGY (80%)	02-GNRL SURGERY (7%)	34-UROLOGY (5%)
57282-Repair of vaginal prolapse	\$2,514,331	6,449	090	13%	6%	0%	16-08-GYNECOLOGY (82%)	34-UROLOGY (5%)	02-GNRL SURGERY (4%)
57291-Construction of vagina	\$3,082	12	090	0%	-	0%	16-08-GYNECOLOGY (62%)	24-PLASTIC SURG (25%)	91-SURG ONCOLOGY (25%)
57300-Repair rectum-vagina fistula	\$140,447	305	090	1%	3%	1%	02-GNRL SURGERY (37%)	16-08-GYNECOLOGY (36%)	28-COLORECTAL (13%)
57530-Removal of cervix	\$73,482	523	090	0%	-	1%	16-08-GYNECOLOGY (81%)	02-GNRL SURGERY (7%)	01-08-GP/FP (5%)
57550-Removal of residual cervix	\$77,950	246	090	0%	-	8%	16-08-GYNECOLOGY (75%)	02-GNRL SURGERY (13%)	01-08-GP/FP (5%)
57556-Remove cervix, repair bowel	\$118,257	350	090	1%	-	1%	16-08-GYNECOLOGY (71%)	02-GNRL SURGERY (11%)	01-08-GP/FP (7%)
57720-Revision of cervix	\$8,771	55	090	0%	-	5%	16-08-GYNECOLOGY (65%)	91-SURG ONCOLOGY (13%)	34-UROLOGY (11%)
58145-Removal of uterus lesion	\$84,278	193	090	0%	7%	6%	16-08-GYNECOLOGY (74%)	02-GNRL SURGERY (7%)	49-ASC (7%)
58410-Suspension of uterus	\$1,556	7	090	0%	-	-	16-08-GYNECOLOGY (100%)	(.)	(.)
58820-Drainage of ovarian abscess	\$2,482	19	090	0%	-	26%	16-08-GYNECOLOGY (53%)	02-GNRL SURGERY (21%)	18-OPHTHALMOLOGY (11%)

464-Major Procedure - Female Reproductive

Family Medicare Charges: \$11,181,629 Percent of CPEP Medicare Charges: 8%
 Family Private Payments: \$7,025,421 Percent of CPEP Private Payments: 7%

57110-Removal of vagina	\$151,927	418	090	1%	-	5%	16-08-GYNECOLOGY (77%)	34-UROLOGY (6%)	02-GNRL SURGERY (5%)
57270-Repair of bowel pouch	\$557,763	2,334	090	5%	1%	1%	16-08-GYNECOLOGY (74%)	02-GNRL SURGERY (8%)	34-UROLOGY (8%)
57280-Suspension of vagina	\$1,411,230	3,531	090	13%	1%	2%	16-08-GYNECOLOGY (74%)	34-UROLOGY (9%)	02-GNRL SURGERY (8%)

Procedure

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Allldghs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
57292-Construct vagina with graft	\$29,884	44	090	0%	.	0%	16-OB-GYNECOLOGY (57%)	24-PLASTIC SURG (25%)	91-SURG ONCOLOGY (9%)
57335-Repair vagina	\$15,898	45	090	0%	.	4%	16-OB-GYNECOLOGY (69%)	02-GNRL SURGERY (9%)	34-UROLOGY (7%)
57540-Removal of residual cervix	\$30,496	136	090	0%	.	2%	16-OB-GYNECOLOGY (63%)	02-GNRL SURGERY (23%)	34-UROLOGY (4%)
57545-Remove cervix, repair pelvis	\$11,719	53	090	0%	.	4%	16-OB-GYNECOLOGY (85%)	02-GNRL SURGERY (9%)	34-UROLOGY (4%)
58140-Removal of uterus lesion	\$286,545	697	090	3%	12%	3%	16-OB-GYNECOLOGY (57%)	02-GNRL SURGERY (28%)	01,08-GP/FP (6%)
58400-Suspension of uterus	\$45,563	205	090	0%	1%	6%	16-OB-GYNECOLOGY (62%)	02-GNRL SURGERY (17%)	34-UROLOGY (9%)
58520-Repair of ruptured uterus	\$2,151	11	090	0%	.	18%	02-GNRL SURGERY (45%)	16-OB-GYNECOLOGY (45%)	01,08-GP/FP (9%)
58540-Revision of uterus	\$4,219	12	090	0%	.	0%	16-OB-GYNECOLOGY (75%)	02-GNRL SURGERY (8%)	34-UROLOGY (8%)
58600-Division of fallopian tube	\$47,419	131	090	0%	7%	7%	16-OB-GYNECOLOGY (73%)	01,08-GP/FP (17%)	02-GNRL SURGERY (8%)
58605-Division of fallopian tube	\$24,822	95	090	0%	1%	2%	16-OB-GYNECOLOGY (89%)	02-GNRL SURGERY (4%)	01,08-GP/FP (2%)
58611-Ligate oviduct(s)	\$6,324	79	222	0%	4%	4%	16-OB-GYNECOLOGY (89%)	01,08-GP/FP (3%)	02-GNRL SURGERY (3%)
58615-Occlude fallopian tube(s)	\$654	3	010	0%	.	0%	16-OB-GYNECOLOGY (67%)	02-GNRL SURGERY (33%)	(.)
58700-Removal of fallopian tube	\$128,036	503	090	1%	4%	4%	02-GNRL SURGERY (43%)	16-OB-GYNECOLOGY (43%)	01,08-GP/FP (6%)
58720-Removal of ovary(tube)s	\$4,210,341	11,354	090	38%	18%	1%	16-OB-GYNECOLOGY (55%)	02-GNRL SURGERY (31%)	01,08-GP/FP (4%)
58740-Revise fallopian tube(s)	\$1,165,232	2,966	090	10%	8%	2%	16-OB-GYNECOLOGY (72%)	02-GNRL SURGERY (16%)	01,08-GP/FP (4%)
58750-Repair oviduct(s)	\$8,576	22	090	0%	4%	0%	16-OB-GYNECOLOGY (73%)	02-GNRL SURGERY (14%)	01,08-GP/FP (9%)
58752-Revise ovarian tube(s)	\$496	1	090	0%	.	0%	16-OB-GYNECOLOGY (100%)	(.)	(.)
58760-Remove tubal obstruction	\$6,666	29	090	0%	2%	0%	16-OB-GYNECOLOGY (69%)	28-COLORECTAL (10%)	02-GNRL SURGERY (7%)
58770-Create new tubal opening	\$13,622	29	090	0%	3%	0%	16-OB-GYNECOLOGY (83%)	02-GNRL SURGERY (7%)	70-GROUP PRAC (7%)
58805-Drainage of ovarian cyst(s)	\$37,388	159	090	0%	1%	2%	16-OB-GYNECOLOGY (47%)	02-GNRL SURGERY (32%)	01,08-GP/FP (9%)
58822-Drainage of ovarian abscess	\$3,810	25	090	0%	.	0%	16-OB-GYNECOLOGY (40%)	02-GNRL SURGERY (32%)	30-RADIOLOGY (16%)
58823-Transposition, ovary(s)	\$878	5	090	0%	.	0%	02-GNRL SURGERY (40%)	16-OB-GYNECOLOGY (40%)	91-SURG ONCOLOGY (20%)
58900-8Topsy of ovary(s)	\$52,800	217	090	0%	1%	3%	16-OB-GYNECOLOGY (55%)	02-GNRL SURGERY (28%)	30-RADIOLOGY (4%)
58920-Partial removal of ovary(s)	\$25,316	105	090	0%	1%	4%	02-GNRL SURGERY (48%)	16-OB-GYNECOLOGY (33%)	01,08-GP/FP (10%)
58925-Removal of ovarian cyst(s)	\$486,676	1,609	090	4%	10%	1%	02-GNRL SURGERY (46%)	16-OB-GYNECOLOGY (37%)	01,08-GP/FP (7%)
58940-Removal of ovary(s)	\$1,786,628	6,147	090	16%	5%	2%	02-GNRL SURGERY (52%)	16-OB-GYNECOLOGY (29%)	01,08-GP/FP (6%)
58943-Removal of ovary(s)	\$576,181	764	090	5%	.	2%	16-OB-GYNECOLOGY (53%)	02-GNRL SURGERY (32%)	01,08-GP/FP (4%)
59100-Treat ectopic pregnancy	\$6,246	30	090	0%	.	4%	70-GROUP PRAC (43%)	16-OB-GYNECOLOGY (37%)	01,08-GP/FP (17%)
59120-Treat ectopic pregnancy	\$38,806	89	090	0%	4%	6%	16-OB-GYNECOLOGY (74%)	02-GNRL SURGERY (12%)	01,08-GP/FP (7%)
59121-Treat ectopic pregnancy	\$4,832	18	090	0%	1%	6%	16-OB-GYNECOLOGY (83%)	02-GNRL SURGERY (11%)	70-GROUP PRAC (6%)
59130-Treat ectopic pregnancy	.	1	090	0%	.	0%	(.)	(.)	(.)
59135-Treat ectopic pregnancy	\$250	1	090	0%	.	0%	16-OB-GYNECOLOGY (100%)	(.)	(.)
59136-Treat ectopic pregnancy	\$883	2	090	0%	.	0%	16-OB-GYNECOLOGY (100%)	(.)	(.)
59140-Treat ectopic pregnancy	\$315	2	090	0%	.	100%	01,08-GP/FP (50%)	16-OB-GYNECOLOGY (50%)	(.)
59350-Repair of uterus	\$1,037	7	000	0%	.	4%	16-OB-GYNECOLOGY (100%)	(.)	(.)

Percent of CPEP Medicare Charges: 3%
 Percent of CPEP Private Payments: 3%

468-Miscellaneous Female Reproductive
 Family Medicare Charges: \$4,817,929
 Family Private Payments: \$2,668,183

57511-Cryocautery of cervix	\$341,014	4,314	010	7%	24%	97%	16-OB-GYNECOLOGY (82%)	01,08-GP/FP (14%)	70-GROUP PRAC (2%)
57513-Laser surgery of cervix	\$182,955	827	010	4%	35%	32%	16-OB-GYNECOLOGY (86%)	49-ASC (7%)	70-GROUP PRAC (2%)
57522-Conization of cervix	.	.	090	0%	.	0%	(.)	(.)	(.)
58100-Biopsy of uterus lining	\$4,293,960	84,598	000	89%	41%	95%	16-OB-GYNECOLOGY (85%)	01,08-GP/FP (10%)	70-GROUP PRAC (2%)

CPEP 5 - OPHTHALMOLOGY

First Specialty Second Specialty Third Specialty

C 5 500-Simple Repair and Plastic Procedures of Eye

Family Medicare Charges: \$33,997,942 Percent of CPEP Medicare Charges: 1%
 Family Private Payments: \$640,021 Percent of CPEP Private Payments: 2%

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Allchgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
65270-Repair of eye wound	\$23,666	194	010	0%	0%	49%	18-OPHTHALMOLOGY (71%)	49-ASC (13%)	70-GROUP PRAC (7%)
67700-Drainage of eyelid abscess	\$226,812	4,990	010	1%	1%	97%	18-OPHTHALMOLOGY (90%)	01,08-GP/FP (5%)	41-OPHTOMETRIST (1%)
67710-Incision of eyelid	\$63,370	831	010	0%	0%	68%	18-OPHTHALMOLOGY (94%)	24-PLASTIC SURG (3%)	04-OTOLARYNG (1%)
67715-Incision of eyelid fold	\$136,179	1,826	010	0%	0%	5%	18-OPHTHALMOLOGY (86%)	49-ASC (12%)	24-PLASTIC SURG (2%)
67800-Remove eyelid lesion	\$2,357,885	32,251	010	7%	32%	93%	18-OPHTHALMOLOGY (97%)	70-GROUP PRAC (1%)	01,08-GP/FP (0%)
67801-Remove eyelid lesions	\$656,821	6,010	010	2%	5%	91%	18-OPHTHALMOLOGY (98%)	70-GROUP PRAC (0%)	01,08-GP/FP (0%)
67805-Remove eyelid lesions	\$139,555	1,212	010	0%	0%	89%	18-OPHTHALMOLOGY (98%)	70-GROUP PRAC (1%)	24-PLASTIC SURG (0%)
67808-Remove eyelid lesion(s)	\$75,614	950	090	0%	2%	9%	18-OPHTHALMOLOGY (57%)	49-ASC (35%)	24-PLASTIC SURG (3%)
67810-Biopsy of eyelid	\$851,578	13,393	000	3%	2%	90%	18-OPHTHALMOLOGY (32%)	07-DERMATOLOGY (42%)	24-PLASTIC SURG (3%)
67820-Revise eyelashes	\$3,477,962	104,113	000	10%	2%	98%	18-OPHTHALMOLOGY (83%)	41-OPHTOMETRIST (16%)	70-GROUP PRAC (1%)
67825-Revise eyelashes	\$772,718	11,861	010	2%	1%	87%	18-OPHTHALMOLOGY (78%)	41-OPHTOMETRIST (4%)	70-GROUP PRAC (1%)
67830-Revise eyelashes	\$144,865	710	010	0%	0%	42%	18-OPHTHALMOLOGY (94%)	49-ASC (16%)	24-PLASTIC SURG (3%)
67840-Remove eyelid lesion	\$3,130,899	33,300	010	9%	16%	83%	18-OPHTHALMOLOGY (93%)	07-DERMATOLOGY (3%)	24-PLASTIC SURG (1%)
67850-Treat eyelid lesion	\$185,165	2,726	010	1%	1%	91%	18-OPHTHALMOLOGY (61%)	07-DERMATOLOGY (26%)	41-OPHTOMETRIST (5%)
67875-Closure of eyelid by suture	\$135,035	1,682	000	0%	0%	33%	18-OPHTHALMOLOGY (90%)	24-PLASTIC SURG (5%)	70-GROUP PRAC (2%)
67880-Revision of eyelid	\$1,289,897	4,882	090	4%	0%	26%	18-OPHTHALMOLOGY (82%)	49-ASC (11%)	24-PLASTIC SURG (3%)
67882-Revision of eyelid	\$311,901	900	090	1%	0%	24%	18-OPHTHALMOLOGY (61%)	49-ASC (31%)	41-OPHTOMETRIST (4%)
67914-Repair eyelid defect	\$1,224,339	3,165	090	4%	0%	21%	18-OPHTHALMOLOGY (78%)	49-ASC (18%)	24-PLASTIC SURG (2%)
67915-Repair eyelid defect	\$110,483	655	090	0%	0%	47%	18-OPHTHALMOLOGY (76%)	01,08-GP/FP (5%)	24-PLASTIC SURG (5%)
67916-Repair eyelid defect	\$2,194,516	4,961	090	6%	0%	21%	18-OPHTHALMOLOGY (79%)	24-PLASTIC SURG (8%)	49-ASC (8%)
67921-Repair eyelid defect	\$2,737,977	8,202	090	8%	0%	88%	18-OPHTHALMOLOGY (66%)	41-OPHTOMETRIST (18%)	01,08-GP/FP (6%)
67922-Repair eyelid defect	\$81,425	747	090	0%	0%	9%	18-OPHTHALMOLOGY (89%)	41-OPHTOMETRIST (5%)	01,08-GP/FP (2%)
67923-Repair eyelid defect	\$2,999,939	6,415	090	9%	0%	99%	18-OPHTHALMOLOGY (97%)	24-PLASTIC SURG (6%)	41-OPHTOMETRIST (2%)
67930-Repair eyelid wound	\$38,181	295	010	0%	0%	47%	18-OPHTHALMOLOGY (76%)	01,08-GP/FP (5%)	07-DERMATOLOGY (2%)
67935-Repair eyelid wound	\$139,615	514	090	0%	3%	21%	18-OPHTHALMOLOGY (79%)	24-PLASTIC SURG (8%)	07-DERMATOLOGY (2%)
68020-Incise/drain eyelid lining	\$73,495	1,403	010	0%	1%	86%	18-OPHTHALMOLOGY (66%)	41-OPHTOMETRIST (18%)	04-OTOLARYNG (0%)
68100-8iopsy of eyelid	\$97,144	1,980	010	0%	0%	9%	18-OPHTHALMOLOGY (89%)	41-OPHTOMETRIST (5%)	01,08-GP/FP (1%)
68100-Treatment of eyelid lesions	\$19,061	504	000	0%	0%	0%	18-OPHTHALMOLOGY (90%)	24-PLASTIC SURG (6%)	41-OPHTOMETRIST (2%)
68100-8iopsy of eyelid lining	\$70,669	1,049	000	0%	1%	60%	18-OPHTHALMOLOGY (90%)	70-GROUP PRAC (3%)	07-DERMATOLOGY (2%)
68110-Remove eyelid lining lesion	\$212,451	2,674	010	1%	2%	65%	18-OPHTHALMOLOGY (97%)	70-GROUP PRAC (1%)	04-OTOLARYNG (1%)
68115-Remove eyelid lining lesion	\$159,241	1,115	010	0%	0%	43%	18-OPHTHALMOLOGY (97%)	70-GROUP PRAC (1%)	04-OTOLARYNG (0%)
68135-Remove eyelid lining lesion	\$48,265	593	010	0%	0%	76%	18-OPHTHALMOLOGY (97%)	41-OPHTOMETRIST (1%)	01,08-GP/FP (1%)
68340-Separate eyelid adhesions	\$23,383	101	090	0%	0%	43%	18-OPHTHALMOLOGY (90%)	49-ASC (8%)	24-PLASTIC SURG (1%)
68400-Incise/drain tear gland	\$21,326	265	010	0%	0%	88%	18-OPHTHALMOLOGY (90%)	04-OTOLARYNG (4%)	01,08-GP/FP (3%)
68420-Incise/drain tear sac	\$64,808	711	010	0%	0%	84%	18-OPHTHALMOLOGY (94%)	04-OTOLARYNG (2%)	01,08-GP/FP (1%)
68440-Incise tear duct opening	\$267,911	6,629	010	1%	0%	71%	18-OPHTHALMOLOGY (98%)	70-GROUP PRAC (1%)	24-PLASTIC SURG (0%)
68510-8iopsy of tear gland	\$14,629	72	000	0%	0%	31%	18-OPHTHALMOLOGY (83%)	49-ASC (8%)	02-ONR SURGERY (3%)
68525-8iopsy of tear sac	\$22,313	193	000	0%	0%	7%	18-OPHTHALMOLOGY (89%)	49-ASC (7%)	04-OTOLARYNG (2%)
68530-Clearance of tear duct	\$60,652	360	010	0%	0%	76%	18-OPHTHALMOLOGY (91%)	41-OPHTOMETRIST (3%)	04-OTOLARYNG (2%)
68705-Revise tear duct opening	\$93,565	1,478	010	0%	0%	64%	18-OPHTHALMOLOGY (98%)	70-GROUP PRAC (1%)	24-PLASTIC SURG (1%)
68760-Close tear duct opening	\$1,594,413	22,043	010	5%	6%	92%	18-OPHTHALMOLOGY (96%)	41-OPHTOMETRIST (5%)	70-GROUP PRAC (1%)
68761-Close tear duct opening	\$3,310,831	53,431	010	10%	0%	97%	18-OPHTHALMOLOGY (88%)	41-OPHTOMETRIST (46%)	70-GROUP PRAC (0%)
68770-Close tear system fistula	\$27,033	106	090	0%	0%	61%	18-OPHTHALMOLOGY (53%)	01,08-GP/FP (2%)	04-OTOLARYNG (2%)
68800-Dilate tear duct opening(s)	\$1,204,128	36,149	010	4%	2%	96%	18-OPHTHALMOLOGY (78%)	41-OPHTOMETRIST (21%)	70-GROUP PRAC (1%)
68820-Explore tear duct system	\$1,335,435	24,751	010	4%	5%	97%	18-OPHTHALMOLOGY (95%)	41-OPHTOMETRIST (3%)	24-PLASTIC SURG (1%)
68825-Explore tear duct system	\$76,951	632	010	0%	7%	29%	18-OPHTHALMOLOGY (73%)	49-ASC (21%)	24-PLASTIC SURG (3%)
68830-Reopen tear duct channel	\$1,047,986	9,964	010	3%	6%	77%	18-OPHTHALMOLOGY (64%)	41-OPHTOMETRIST (34%)	24-PLASTIC SURG (1%)
68840-Explore/irrigate tear ducts	\$645,855	14,522	010	2%	2%	96%	18-OPHTHALMOLOGY (95%)	41-OPHTOMETRIST (2%)	70-GROUP PRAC (1%)

Procedure: A4263-Permanent tear duct plug

504-Complex Repair and Plastic Procedures of Eye

Family Medicare Charges: \$79,610,263
 Family Private Payments: \$1,434,574

Percent of CPEP Medicare Charges: 2%
 Percent of CPEP Private Payments: 5%

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)	First Specialty	Second Specialty	Third Specialty
15820-Revision of lower eyelid	\$78,488	215	090	0%	0%	23%	18-OPHTHALMOLOGY (61%)	18-OPHTHALMOLOGY (61%)	24-PLASTIC SURG (24%)	04-OTOLARYNG (10%)
15821-Revision of upper eyelid	\$101,188	245	090	0%	0%	21%	18-OPHTHALMOLOGY (62%)	18-OPHTHALMOLOGY (62%)	24-PLASTIC SURG (18%)	04-OTOLARYNG (9%)
15822-Revision of upper eyelid	\$2,011,848	3,623	090	3%	7%	34%	18-OPHTHALMOLOGY (76%)	24-PLASTIC SURG (14%)	24-PLASTIC SURG (14%)	04-OTOLARYNG (5%)
15823-Revision of upper eyelid	\$8,433,581	13,181	090	11%	20%	31%	18-OPHTHALMOLOGY (77%)	24-PLASTIC SURG (17%)	24-PLASTIC SURG (17%)	04-OTOLARYNG (3%)
65091-Revise eye	\$102,877	199	090	0%	0%	4%	18-OPHTHALMOLOGY (83%)	49-ASC (11%)	70-GROUP PRAC (3%)	24-PLASTIC SURG (0%)
65093-Revise eye with implant	\$343,563	619	090	0%	0%	4%	18-OPHTHALMOLOGY (86%)	49-ASC (13%)	24-PLASTIC SURG (0%)	49-ASC (8%)
65101-Removal of eye	\$170,938	449	090	0%	0%	3%	18-OPHTHALMOLOGY (61%)	05-ANESTHESIA (25%)	70-GROUP PRAC (1%)	24-PLASTIC SURG (2%)
65103-Remove eye/insert implant	\$447,772	788	090	1%	0%	3%	18-OPHTHALMOLOGY (95%)	49-ASC (4%)	24-PLASTIC SURG (5%)	24-PLASTIC SURG (18%)
65105-Remove eye/attach implant	\$738,600	1,226	090	1%	0%	2%	18-OPHTHALMOLOGY (90%)	49-ASC (6%)	24-PLASTIC SURG (2%)	24-PLASTIC SURG (5%)
65110-Removal of eye	\$128,919	149	090	0%	0%	2%	18-OPHTHALMOLOGY (72%)	04-OTOLARYNG (13%)	24-PLASTIC SURG (18%)	02-GHRL SURGERY (6%)
65112-Remove eye, revise socket	\$46,281	55	090	0%	0%	2%	18-OPHTHALMOLOGY (55%)	04-OTOLARYNG (20%)	24-PLASTIC SURG (22%)	(.)
65114-Remove eye, revise socket	\$14,826	18	090	0%	0%	6%	18-OPHTHALMOLOGY (56%)	24-PLASTIC SURG (22%)	24-PLASTIC SURG (13%)	24-PLASTIC SURG (3%)
65125-Revise ocular implant	\$35,959	84	090	0%	0%	17%	18-OPHTHALMOLOGY (99%)	24-PLASTIC SURG (1%)	49-ASC (13%)	49-ASC (10%)
65130-Insert ocular implant	\$46,078	94	090	0%	0%	4%	18-OPHTHALMOLOGY (60%)	49-ASC (32%)	24-PLASTIC SURG (21%)	24-PLASTIC SURG (3%)
65135-Insert ocular implant	\$23,295	48	090	0%	0%	4%	18-OPHTHALMOLOGY (65%)	24-PLASTIC SURG (13%)	49-ASC (9%)	05-ANESTHESIA (3%)
65140-Attach ocular implant	\$29,224	60	090	0%	0%	3%	18-OPHTHALMOLOGY (72%)	24-PLASTIC SURG (13%)	49-ASC (13%)	70-GROUP PRAC (1%)
65150-Revise ocular implant	\$66,430	144	090	0%	0%	15%	18-OPHTHALMOLOGY (68%)	49-ASC (27%)	24-PLASTIC SURG (15%)	49-ASC (13%)
65155-Reinsert ocular implant	\$86,244	143	090	0%	0%	1%	18-OPHTHALMOLOGY (74%)	24-PLASTIC SURG (1%)	49-ASC (9%)	04-OTOLARYNG (2%)
65175-Removal of ocular implant	\$98,396	318	090	0%	0%	4%	18-OPHTHALMOLOGY (81%)	49-ASC (15%)	24-PLASTIC SURG (3%)	24-PLASTIC SURG (3%)
67250-Reinforce eye wall	\$27,926	64	090	0%	0%	11%	18-OPHTHALMOLOGY (77%)	49-ASC (14%)	05-ANESTHESIA (3%)	70-GROUP PRAC (1%)
67255-Reinforce/graft eye wall	\$865,736	1,282	090	1%	3%	3%	18-OPHTHALMOLOGY (88%)	49-ASC (9%)	24-PLASTIC SURG (3%)	24-PLASTIC SURG (4%)
67400-Explore/ biopsy eye socket	\$579,503	1,003	090	1%	3%	5%	18-OPHTHALMOLOGY (84%)	49-ASC (9%)	24-PLASTIC SURG (3%)	24-PLASTIC SURG (3%)
67405-Explore/drain eye socket	\$37,944	117	090	0%	0%	6%	18-OPHTHALMOLOGY (76%)	04-OTOLARYNG (16%)	24-PLASTIC SURG (3%)	24-PLASTIC SURG (4%)
67412-Explore/treat eye socket	\$648,583	967	090	1%	4%	5%	18-OPHTHALMOLOGY (78%)	49-ASC (13%)	24-PLASTIC SURG (4%)	49-ASC (4%)
67413-Explore/treat eye socket	\$50,296	105	090	0%	0%	14%	18-OPHTHALMOLOGY (87%)	04-OTOLARYNG (6%)	24-PLASTIC SURG (7%)	97-PHYS ASSISTANT (2%)
67414-Explore/decompress eye socket	\$70,973	191	090	0%	0%	2%	18-OPHTHALMOLOGY (69%)	04-OTOLARYNG (18%)	04-OTOLARYNG (4%)	14-NEUROSURGERY (1%)
67445-Explore/decompress eye socket	\$61,453	111	090	0%	0%	3%	18-OPHTHALMOLOGY (95%)	04-OTOLARYNG (2%)	24-PLASTIC SURG (10%)	24-PLASTIC SURG (10%)
67530-Insert eye socket implant	\$50,520	112	090	0%	0%	5%	18-OPHTHALMOLOGY (68%)	24-PLASTIC SURG (10%)	04-OTOLARYNG (8%)	04-OTOLARYNG (4%)
67560-Revise eye socket implant	\$56,142	117	090	0%	0%	7%	18-OPHTHALMOLOGY (79%)	49-ASC (11%)	70-GROUP PRAC (5%)	24-PLASTIC SURG (11%)
67570-Decompress optic nerve	\$245,851	528	090	0%	0%	4%	18-OPHTHALMOLOGY (90%)	70-GROUP PRAC (5%)	49-ASC (16%)	24-PLASTIC SURG (10%)
67835-Revise eyelashes	\$83,098	210	090	0%	0%	14%	18-OPHTHALMOLOGY (72%)	49-ASC (16%)	24-PLASTIC SURG (12%)	24-PLASTIC SURG (6%)
67900-Repair brow defect	\$288,667	1,945	090	0%	0%	18%	18-OPHTHALMOLOGY (77%)	24-PLASTIC SURG (12%)	24-PLASTIC SURG (6%)	24-PLASTIC SURG (6%)
67901-Repair eyelid defect	\$935,067	1,454	090	1%	0%	14%	18-OPHTHALMOLOGY (46%)	49-ASC (44%)	24-PLASTIC SURG (10%)	24-PLASTIC SURG (8%)
67902-Repair eyelid defect	\$135,121	223	090	0%	0%	8%	18-OPHTHALMOLOGY (70%)	49-ASC (16%)	24-PLASTIC SURG (8%)	24-PLASTIC SURG (4%)
67903-Repair eyelid defect	\$2,019,386	2,759	090	3%	3%	13%	18-OPHTHALMOLOGY (59%)	49-ASC (32%)	24-PLASTIC SURG (4%)	24-PLASTIC SURG (4%)
67904-Repair eyelid defect	\$22,727,413	29,281	090	29%	25%	11%	18-OPHTHALMOLOGY (65%)	49-ASC (30%)	18-OPHTHALMOLOGY (18%)	24-PLASTIC SURG (1%)
67905-Repair eyelid defect	\$40,855	73	090	0%	0%	7%	49-ASC (77%)	49-ASC (28%)	70-GROUP PRAC (1%)	24-PLASTIC SURG (6%)
67906-Repair eyelid defect	\$3,543,425	5,644	090	4%	2%	14%	18-OPHTHALMOLOGY (70%)	49-ASC (28%)	24-PLASTIC SURG (8%)	24-PLASTIC SURG (8%)
67907-Revise eyelid defect	\$222,115	459	090	0%	0%	26%	18-OPHTHALMOLOGY (54%)	49-ASC (38%)	24-PLASTIC SURG (4%)	24-PLASTIC SURG (4%)
67911-Revise eyelid defect	\$1,067,881	1,933	090	1%	4%	8%	18-OPHTHALMOLOGY (71%)	49-ASC (16%)	24-PLASTIC SURG (2%)	24-PLASTIC SURG (2%)
67917-Repair eyelid defect	\$7,409,683	14,548	090	9%	3%	15%	18-OPHTHALMOLOGY (76%)	49-ASC (17%)	24-PLASTIC SURG (2%)	24-PLASTIC SURG (2%)
67924-Repair eyelid defect	\$5,346,310	10,377	090	7%	2%	16%	18-OPHTHALMOLOGY (81%)	49-ASC (15%)	24-PLASTIC SURG (6%)	24-PLASTIC SURG (6%)
67950-Revision of eyelid	\$3,148,481	7,514	090	4%	4%	9%	18-OPHTHALMOLOGY (73%)	49-ASC (18%)	24-PLASTIC SURG (7%)	24-PLASTIC SURG (7%)
67961-Revision of eyelid	\$3,649,709	8,178	090	5%	5%	20%	18-OPHTHALMOLOGY (72%)	49-ASC (18%)	24-PLASTIC SURG (11%)	24-PLASTIC SURG (11%)
67966-Revision of eyelid	\$3,706,649	6,769	090	5%	3%	9%	18-OPHTHALMOLOGY (72%)	49-ASC (15%)	24-PLASTIC SURG (14%)	24-PLASTIC SURG (14%)
67971-Reconstruction of eyelid	\$523,765	948	090	1%	0%	7%	18-OPHTHALMOLOGY (75%)	49-ASC (14%)	24-PLASTIC SURG (14%)	24-PLASTIC SURG (14%)

Procedure	1993 MC Allowed Charges	Units of Service	Global Period	Pct. of Family AlltChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
67973-Reconstruction of eyelid	\$482,039	663	090	1%	.	6%	18-OPHTHALMOLOGY (78%)	49-ASC (11%)	24-PLASTIC SURG (9%)
67974-Reconstruction of eyelid	\$196,906	262	090	0%	.	6%	18-OPHTHALMOLOGY (77%)	49-ASC (14%)	24-PLASTIC SURG (6%)
67975-Reconstruction of eyelid	\$195,367	595	090	1%	.	29%	18-OPHTHALMOLOGY (82%)	49-ASC (12%)	24-PLASTIC SURG (4%)
68320-Revise/graft eyelid lining	\$1,065,595	2,708	090	1%	4%	13%	18-OPHTHALMOLOGY (82%)	49-ASC (15%)	01-OB-GP/FP (2%)
68325-Revise/graft eyelid lining	\$70,727	134	090	0%	.	6%	18-OPHTHALMOLOGY (68%)	49-ASC (15%)	24-PLASTIC SURG (14%)
68326-Revise/graft eyelid lining	\$291,800	693	090	0%	.	5%	18-OPHTHALMOLOGY (74%)	24-PLASTIC SURG (14%)	49-ASC (12%)
68328-Revise/graft eyelid lining	\$114,441	217	090	0%	.	3%	18-OPHTHALMOLOGY (84%)	49-ASC (10%)	24-PLASTIC SURG (3%)
68335-Revise/graft eyelid lining	\$69,001	132	090	0%	.	6%	18-OPHTHALMOLOGY (78%)	49-ASC (18%)	24-PLASTIC SURG (2%)
68500-Removal of tear gland	\$3,773	12	090	0%	.	33%	18-OPHTHALMOLOGY (67%)	49-ASC (17%)	24-PLASTIC SURG (8%)
68505-Partial removal tear gland	\$26,971	65	090	0%	.	54%	18-OPHTHALMOLOGY (88%)	49-ASC (9%)	02-GHRL SURGERY (2%)
68520-Removal of tear sac	\$134,374	286	090	0%	.	11%	18-OPHTHALMOLOGY (78%)	49-ASC (16%)	04-OTOLARYNG (3%)
68540-Remove tear gland lesion	\$30,651	55	090	0%	.	15%	18-OPHTHALMOLOGY (69%)	49-ASC (16%)	04-OTOLARYNG (5%)
68550-Remove tear gland lesion	\$4,721	7	090	0%	.	14%	18-OPHTHALMOLOGY (86%)	04-OTOLARYNG (14%)	(.)
68700-Repair tear ducts	\$627,288	2,174	090	1%	3%	21%	18-OPHTHALMOLOGY (81%)	49-ASC (10%)	24-PLASTIC SURG (7%)
68720-Create tear sac drain	\$4,668,021	6,491	090	6%	8%	3%	18-OPHTHALMOLOGY (78%)	49-ASC (9%)	04-OTOLARYNG (6%)
68745-Create tear duct drain	\$28,583	48	090	0%	.	13%	18-OPHTHALMOLOGY (85%)	49-ASC (6%)	02-GHRL SURGERY (4%)
68750-Create tear duct drain	\$1,234,966	1,600	090	2%	.	8%	18-OPHTHALMOLOGY (81%)	49-ASC (11%)	24-PLASTIC SURG (3%)

508-Strabismus, Eye and Muscle Procedures

Family Medicare Charges: \$4,542,023
 Family Private Payments: \$1,129,489
 Percent of CPEP Medicare Charges: 0%
 Percent of CPEP Private Payments: 4%

65290-Repair of eye socket wound	\$38,045	147	090	1%	.	19%	18-OPHTHALMOLOGY (84%)	49-ASC (7%)	01-OB-GP/FP (2%)
67311-Revise eye muscle	\$856,519	1,830	090	19%	.	2%	18-OPHTHALMOLOGY (77%)	49-ASC (24%)	70-GROUP PRAC (1%)
67312-Revise two eye muscles	\$1,449,319	2,433	090	32%	52%	2%	18-OPHTHALMOLOGY (74%)	49-ASC (18%)	05-ANESTHESIA (3%)
67314-Revise eye muscle	\$607,256	1,042	090	13%	7%	2%	18-OPHTHALMOLOGY (84%)	49-ASC (14%)	70-GROUP PRAC (1%)
67316-Revise two eye muscles	\$174,363	254	090	4%	5%	2%	18-OPHTHALMOLOGY (83%)	49-ASC (13%)	70-GROUP PRAC (3%)
67318-Revise eye muscle(s)	\$70,793	156	090	2%	.	4%	18-OPHTHALMOLOGY (81%)	49-ASC (16%)	37-PEDIATRICS (1%)
67320-Revise eye muscle(s)	\$141,799	260	090	3%	.	5%	18-OPHTHALMOLOGY (84%)	49-ASC (13%)	70-GROUP PRAC (1%)
67331-Eye surgery follow-up	\$69,291	149	090	2%	.	3%	18-OPHTHALMOLOGY (77%)	49-ASC (21%)	70-GROUP PRAC (3%)
67332-Rerevise eye muscles	\$398,547	697	090	9%	13%	2%	18-OPHTHALMOLOGY (87%)	49-ASC (9%)	70-GROUP PRAC (2%)
67334-Revise eye muscle w/suture	\$7,441	27	090	0%	.	7%	18-OPHTHALMOLOGY (93%)	30-RADIOLOGY (4%)	92-RAD ONCOLOGY (4%)
67335-Eye suture during surgery	\$405,177	1,226	222	9%	2%	6%	18-OPHTHALMOLOGY (96%)	70-GROUP PRAC (2%)	37-PEDIATRICS (1%)
67340-Revise eye muscle	\$18,480	51	090	0%	.	10%	18-OPHTHALMOLOGY (86%)	07-DERMATOLOGY (4%)	24-PLASTIC SURG (4%)
67343-Release eye tissue	\$12,900	72	090	0%	.	6%	18-OPHTHALMOLOGY (96%)	37-PEDIATRICS (3%)	70-GROUP PRAC (1%)
67345-Destroy nerve of eye muscle	\$289,791	1,677	010	6%	3%	89%	18-OPHTHALMOLOGY (65%)	13-NEUROLOGY (14%)	24-PLASTIC SURG (8%)
67350-Biopsy eye muscle	\$2,302	22	000	0%	.	9%	18-OPHTHALMOLOGY (95%)	07-DERMATOLOGY (5%)	(.)

512-Simple Posterior Segment Eye Procedures

Family Medicare Charges: \$10,454,597
 Family Private Payments: \$382,372
 Percent of CPEP Medicare Charges: 0%
 Percent of CPEP Private Payments: 1%

67015-Release of eye fluid	\$820,516	2,408	090	8%	.	7%	18-OPHTHALMOLOGY (88%)	49-ASC (10%)	70-GROUP PRAC (1%)
67025-Replace eye fluid	\$928,235	3,991	090	9%	16%	16%	18-OPHTHALMOLOGY (81%)	49-ASC (17%)	70-GROUP PRAC (1%)
67028-Injection eye drug	\$342,247	2,436	000	3%	.	22%	18-OPHTHALMOLOGY (97%)	70-GROUP PRAC (1%)	01-OB-GP/FP (1%)
67030-Incise inner eye strands	\$243,818	743	090	2%	.	4%	18-OPHTHALMOLOGY (90%)	49-ASC (8%)	82-HEMATOLOGY (1%)
67115-Release, encircling material	\$82,618	193	090	1%	.	17%	18-OPHTHALMOLOGY (90%)	49-ASC (7%)	70-GROUP PRAC (3%)
67120-Remove eye implant material	\$403,814	1,013	090	4%	.	14%	18-OPHTHALMOLOGY (91%)	49-ASC (6%)	70-GROUP PRAC (1%)
67141-Treatment of retina	\$3,709,747	6,765	090	35%	46%	56%	18-OPHTHALMOLOGY (92%)	49-ASC (7%)	70-GROUP PRAC (1%)
67208-Treatment of retinal lesion	\$1,233,716	1,987	090	12%	.	6%	18-OPHTHALMOLOGY (89%)	49-ASC (9%)	70-GROUP PRAC (1%)
67227-Treatment of retinal lesion	\$2,381,998	4,165	090	23%	30%	43%	18-OPHTHALMOLOGY (86%)	49-ASC (9%)	04-OTOLARYNG (5%)
92018-New eye exam & treatment	\$68,094	1,642	XXX	1%	8%	47%	18-OPHTHALMOLOGY (69%)	41-OPTOMETRIST (17%)	05-ANESTHESIA (7%)

Procedure	1993 HC Allowed Charges	1993 HC Units of Service	Global Period	Pct. of Allldchs	Pct. of Family Privpmts	Pct. of Family Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First_Specialty	Second_Specialty	Third_Specialty
92019-Eye exam & treatment	\$239,794	6,211	XXX	2%	.	89%	18-OPHTHALMOLOGY (66%)	41-OPTOMETRIST (24%)	70-GROUP PRAC (10%)
516-Complex Posterior Segment Eye Procedures									
Family Medicare Charges: \$39,124,003									
Family Private Payments: \$1,416,748									
Percent of CPEP Medicare Charges: 1%									
Percent of CPEP Private Payments: 4%									
61330-Decompress eye socket	\$33,385	51	090	0%	.	2%	14-NEUROSURGERY (41%)	18-OPHTHALMOLOGY (39%)	01,08-GP/FP (6%)
61332-Explore/biopsy eye socket	\$45,177	40	090	0%	.	0%	14-NEUROSURGERY (45%)	18-OPHTHALMOLOGY (33%)	04-OTOLARYNG (8%)
65260-Remove foreign body from eye	\$10,039	27	090	0%	.	0%	18-OPHTHALMOLOGY (81%)	49-ASC (19%)	(.)
65265-Remove foreign body from eye	\$123,947	357	090	0%	.	5%	18-OPHTHALMOLOGY (94%)	49-ASC (5%)	02-GNRL SURGERY (0%)
66220-Repair eye lesion	\$16,236	36	090	0%	.	19%	18-OPHTHALMOLOGY (83%)	49-ASC (11%)	04-OTOLARYNG (3%)
67101-Repair, detached retina	\$2,009,792	2,497	090	5%	6%	55%	18-OPHTHALMOLOGY (84%)	49-ASC (15%)	82-HEMATOLOGY (0%)
67107-Repair detached retina	\$18,152,686	18,043	090	46%	61%	7%	18-OPHTHALMOLOGY (94%)	49-ASC (4%)	70-GROUP PRAC (1%)
67108-Repair detached retina	\$15,196,490	9,683	090	39%	34%	3%	18-OPHTHALMOLOGY (93%)	49-ASC (4%)	70-GROUP PRAC (1%)
67109-Repair detached retina	\$612,091	733	090	2%	.	25%	18-OPHTHALMOLOGY (98%)	49-ASC (1%)	01,08-GP/FP (0%)
67110-Repair detached retina	\$1,484,203	2,057	090	4%	.	49%	18-OPHTHALMOLOGY (99%)	70-GROUP PRAC (1%)	16-OB-GYNCOLOGY (0%)
67112-Re-repair detached retina	\$643,625	756	090	2%	.	4%	18-OPHTHALMOLOGY (93%)	49-ASC (5%)	70-GROUP PRAC (1%)
67121-Remove eye implant material	\$122,062	369	090	0%	.	3%	18-OPHTHALMOLOGY (87%)	49-ASC (11%)	70-GROUP PRAC (1%)
67218-Treatment of retinal lesion	\$326,304	345	090	1%	.	7%	18-OPHTHALMOLOGY (96%)	11-INTERNAL MED (1%)	49-ASC (1%)
67420-Explore/treat eye socket	\$173,449	198	090	0%	.	8%	18-OPHTHALMOLOGY (83%)	04-OTOLARYNG (8%)	01,08-GP/FP (3%)
67430-Explore/treat eye socket	\$5,181	8	090	0%	.	38%	18-OPHTHALMOLOGY (75%)	19-ORAL SURGERY (13%)	49-ASC (13%)
67440-Explore/drain eye socket	\$67,264	91	090	0%	.	5%	18-OPHTHALMOLOGY (87%)	01,08-GP/FP (3%)	49-ASC (3%)
67450-Explore/biopsy eye socket	\$102,072	117	090	0%	.	3%	18-OPHTHALMOLOGY (81%)	04-OTOLARYNG (5%)	24-PLASTIC SURG (4%)
520-Simple Anterior Segment Eye Procedures									
Family Medicare Charges: \$16,448,817									
Family Private Payments: \$273,766									
Percent of CPEP Medicare Charges: 0%									
Percent of CPEP Private Payments: 1%									
65272-Repair of eye wound	\$14,443	92	090	0%	.	38%	18-OPHTHALMOLOGY (76%)	49-ASC (15%)	11-INTERNAL MED (5%)
65273-Repair of eye wound	\$4,017	26	090	0%	.	15%	18-OPHTHALMOLOGY (96%)	24-PLASTIC SURG (4%)	(.)
65275-Repair of eye wound	\$29,514	276	090	0%	2%	79%	18-OPHTHALMOLOGY (36%)	01,08-GP/FP (26%)	41-OPTOMETRIST (13%)
65286-Repair of eye wound	\$110,580	381	090	1%	.	60%	18-OPHTHALMOLOGY (98%)	70-GROUP PRAC (2%)	05-ANESTHESIA (0%)
65410-Biopsy of cornea	\$34,319	241	000	0%	.	34%	18-OPHTHALMOLOGY (76%)	49-ASC (23%)	49-ASC (7%)
65420-Removal of eye lesion	\$2,636,646	10,786	090	16%	40%	20%	18-OPHTHALMOLOGY (74%)	49-ASC (23%)	41-OPTOMETRIST (2%)
65435-Curette/treat cornea	\$194,501	3,582	000	1%	5%	89%	18-OPHTHALMOLOGY (89%)	41-OPTOMETRIST (4%)	01,08-GP/FP (2%)
65436-Curette/treat cornea	\$107,757	705	090	1%	.	52%	18-OPHTHALMOLOGY (98%)	70-GROUP PRAC (1%)	01,08-GP/FP (0%)
65450-Treatment of corneal lesion	\$188,999	633	090	1%	.	50%	18-OPHTHALMOLOGY (99%)	82-HEMATOLOGY (1%)	01,08-GP/FP (0%)
65600-Revision of cornea	\$32,591	164	090	0%	.	84%	18-OPHTHALMOLOGY (91%)	01,08-GP/FP (4%)	93-EMERGENCY MED (4%)
65772-Correction of astigmatism	\$2,611,026	6,626	090	16%	.	54%	18-OPHTHALMOLOGY (98%)	41-OPTOMETRIST (1%)	01,08-GP/FP (4%)
65800-Drainage of eye	\$154,612	1,282	000	1%	.	31%	18-OPHTHALMOLOGY (89%)	49-ASC (5%)	01,08-GP/FP (4%)
65805-Drainage of eye	\$311,302	2,077	000	2%	2%	57%	18-OPHTHALMOLOGY (96%)	49-ASC (3%)	39-NEPHROLOGY (0%)
65810-Drainage of eye	\$263,448	1,162	090	1%	.	6%	18-OPHTHALMOLOGY (80%)	49-ASC (19%)	70-GROUP PRAC (1%)
65815-Drainage of eye	\$155,347	640	090	1%	.	18%	18-OPHTHALMOLOGY (85%)	49-ASC (13%)	70-GROUP PRAC (1%)
65820-Relieve inner eye pressure	\$65,272	102	090	0%	.	47%	18-OPHTHALMOLOGY (98%)	78-CARDIAC SURG (1%)	82-HEMATOLOGY (1%)
66020-Injection treatment of eye	\$252,582	2,077	010	2%	.	27%	18-OPHTHALMOLOGY (94%)	49-ASC (5%)	70-GROUP PRAC (0%)
66030-Injection treatment of eye	\$57,562	818	010	0%	.	60%	18-OPHTHALMOLOGY (85%)	49-ASC (11%)	70-GROUP PRAC (1%)
66130-Remove eye lesion	\$89,102	662	090	1%	.	23%	18-OPHTHALMOLOGY (81%)	49-ASC (16%)	70-GROUP PRAC (2%)
66500-Incision of iris	\$99,191	604	090	1%	.	3%	18-OPHTHALMOLOGY (87%)	49-ASC (12%)	02-GNRL SURGERY (0%)
66505-Incision of iris	\$11,705	70	090	0%	.	19%	18-OPHTHALMOLOGY (84%)	49-ASC (16%)	(.)
66600-Remove iris and lesion	\$237,177	622	090	1%	.	61%	18-OPHTHALMOLOGY (81%)	49-ASC (19%)	93-EMERGENCY MED (0%)
66625-Removal of iris	\$3,676,612	6,796	090	22%	34%	41%	18-OPHTHALMOLOGY (83%)	49-ASC (16%)	70-GROUP PRAC (0%)
66630-Removal of iris	\$262,803	881	090	2%	.	7%	18-OPHTHALMOLOGY (86%)	49-ASC (13%)	01,08-GP/FP (0%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
66682-Repair iris and ciliary body	\$756,161	2,389	090	5%	.	4%	18-OPHTHALMOLOGY (79%)	49-ASC (20%)	41-OPTOMETRIST (1%)
66700-Destruction, ciliary body	\$68,792	182	090	0%	.	36%	18-OPHTHALMOLOGY (83%)	49-ASC (7%)	34-UROLOGY (5%)
66710-Destruction, ciliary body	\$1,035,706	2,386	090	6%	.	20%	18-OPHTHALMOLOGY (90%)	49-ASC (9%)	70-GROUP PRAC (2%)
66720-Destruction, ciliary body	\$1,215,098	3,249	090	7%	.	36%	18-OPHTHALMOLOGY (81%)	49-ASC (9%)	41-OPTOMETRIST (8%)
66820-Incision, secondary cataract	\$716,153	2,139	090	4%	17%	50%	18-OPHTHALMOLOGY (98%)	41-OPTOMETRIST (1%)	01-OB-GP/FP (0%)
66825-Reposition intraocular lens	\$1,055,799	2,317	090	6%	.	8%	18-OPHTHALMOLOGY (97%)	70-GROUP PRAC (1%)	41-OPTOMETRIST (1%)
524-Moderate Anterior Segment Eye Procedures									
Family Medicare Charges:	\$67,517,211					2%			
Family Private Payments:	\$421,474					1%			
Percent of CPEP Medicare Charges:									
Percent of CPEP Private Payments:									
65280-Repair of eye wound	\$137,089	386	090	0%	.	34%	18-OPHTHALMOLOGY (91%)	49-ASC (7%)	70-GROUP PRAC (1%)
65400-Removal of eye lesion	\$1,010,268	2,806	090	1%	6%	29%	18-OPHTHALMOLOGY (86%)	49-ASC (12%)	70-GROUP PRAC (1%)
65426-Removal of eye lesion	\$1,445,120	3,323	090	2%	10%	15%	18-OPHTHALMOLOGY (70%)	49-ASC (24%)	41-OPTOMETRIST (5%)
65850-Incision of eye	\$1,358,712	2,126	090	2%	.	20%	18-OPHTHALMOLOGY (84%)	49-ASC (12%)	70-GROUP PRAC (1%)
65865-Incise inner eye adhesions	\$631,416	2,394	090	1%	.	12%	18-OPHTHALMOLOGY (90%)	49-ASC (9%)	70-GROUP PRAC (1%)
65870-Incise inner eye adhesions	\$337,891	1,671	090	1%	.	11%	18-OPHTHALMOLOGY (84%)	49-ASC (10%)	41-OPTOMETRIST (5%)
65875-Incise inner eye adhesions	\$888,958	3,497	090	1%	.	6%	18-OPHTHALMOLOGY (83%)	49-ASC (16%)	70-GROUP PRAC (0%)
65880-Incise inner eye adhesions	\$50,282	171	090	0%	.	13%	18-OPHTHALMOLOGY (86%)	49-ASC (14%)	(.)
65920-Remove implant from eye	\$1,591,021	4,109	090	2%	9%	4%	18-OPHTHALMOLOGY (87%)	49-ASC (12%)	70-GROUP PRAC (0%)
65930-Remove blood clot from eye	\$267,917	666	090	0%	.	8%	18-OPHTHALMOLOGY (84%)	49-ASC (15%)	01-OB-GP/FP (1%)
66150-Glaucoma surgery	\$1,245,719	2,255	090	2%	.	14%	18-OPHTHALMOLOGY (70%)	49-ASC (28%)	82-HEMATOLOGY (1%)
66155-Glaucoma surgery	\$911,089	1,571	090	1%	5%	5%	18-OPHTHALMOLOGY (74%)	49-ASC (26%)	01-OB-GP/FP (0%)
66160-Glaucoma surgery	\$1,940,361	3,715	090	3%	.	2%	18-OPHTHALMOLOGY (76%)	49-ASC (21%)	70-GROUP PRAC (2%)
66165-Glaucoma surgery	\$27,052	92	090	0%	.	1%	18-OPHTHALMOLOGY (55%)	49-ASC (43%)	70-GROUP PRAC (1%)
66170-Glaucoma surgery	\$45,964,369	78,470	090	68%	63%	4%	18-OPHTHALMOLOGY (77%)	49-ASC (19%)	70-GROUP PRAC (1%)
66172-Incision of eye	\$160,709	332	090	0%	.	(.)	(.)	(.)	(.)
66185-Revise eye shunt	\$5,836,727	12,945	090	9%	12%	29%	18-OPHTHALMOLOGY (83%)	70-GROUP PRAC (2%)	05-ANESTHESIA (1%)
66250-Follow-up surgery of eye	\$332,828	886	090	0%	.	13%	18-OPHTHALMOLOGY (85%)	49-ASC (14%)	70-GROUP PRAC (1%)
66635-Removal of iris	\$674,228	3,019	090	1%	.	4%	18-OPHTHALMOLOGY (83%)	49-ASC (16%)	01-OB-GP/FP (0%)
66680-Repair iris & ciliary body	\$291,210	1,160	090	0%	.	3%	18-OPHTHALMOLOGY (69%)	49-ASC (30%)	70-GROUP PRAC (0%)
66740-Destruction, ciliary body	\$1,648,411	3,473	090	2%	.	41%	18-OPHTHALMOLOGY (90%)	49-ASC (4%)	70-GROUP PRAC (0%)
66830-Removal of lens lesion	\$104,992	414	090	0%	.	12%	18-OPHTHALMOLOGY (76%)	49-ASC (21%)	70-GROUP PRAC (3%)
68130-Remove eyelid lining lesion	\$83,133	249	090	0%	.	20%	18-OPHTHALMOLOGY (77%)	49-ASC (12%)	70-GROUP PRAC (2%)
68330-Revise eyelid lining	\$154,679	545	090	0%	.	19%	18-OPHTHALMOLOGY (85%)	49-ASC (14%)	24-PLASTIC SURG (8%)
68360-Revise eyelid lining	\$423,030	869	090	1%	.	6%	18-OPHTHALMOLOGY (85%)	49-ASC (13%)	70-GROUP PRAC (1%)
528-Complex Anterior Segment Eye Procedures									
Family Medicare Charges:	\$42,769,241					1%			
Family Private Payments:	\$385,344					1%			
Percent of CPEP Medicare Charges:									
Percent of CPEP Private Payments:									
65235-Remove foreign body from eye	\$58,205	185	090	0%	.	17%	18-OPHTHALMOLOGY (74%)	49-ASC (19%)	01-OB-GP/FP (4%)
65285-Repair of eye wound	\$1,000,991	1,378	090	2%	.	4%	18-OPHTHALMOLOGY (93%)	49-ASC (6%)	70-GROUP PRAC (1%)
65710-Corneal transplant	\$1,065,480	1,979	090	2%	.	3%	18-OPHTHALMOLOGY (64%)	49-ASC (33%)	70-GROUP PRAC (1%)
65730-Corneal transplant	\$12,735,795	10,891	090	30%	71%	7%	18-OPHTHALMOLOGY (75%)	49-ASC (19%)	41-OPTOMETRIST (4%)
65750-Corneal transplant	\$7,248,149	5,602	090	17%	29%	4%	18-OPHTHALMOLOGY (80%)	49-ASC (17%)	41-OPTOMETRIST (1%)
65755-Corneal transplant	\$18,135,656	13,641	090	42%	.	3%	18-OPHTHALMOLOGY (86%)	49-ASC (12%)	70-GROUP PRAC (1%)
65770-Revise cornea with implant	\$42,484	47	090	0%	.	6%	18-OPHTHALMOLOGY (96%)	70-GROUP PRAC (4%)	(.)
65900-Correction of astigmatism	\$146,532	289	090	0%	.	17%	18-OPHTHALMOLOGY (98%)	01-OB-GP/FP (1%)	05-ANESTHESIA (0%)
65900-Remove eye lesion	\$46,087	132	090	0%	.	10%	18-OPHTHALMOLOGY (64%)	49-ASC (18%)	11-INTERNAL MED (11%)
66180-Implant eye shunt	\$1,993,272	2,503	090	5%	.	2%	18-OPHTHALMOLOGY (96%)	70-GROUP PRAC (1%)	05-ANESTHESIA (1%)

1993 MC Allowed Charges
 1993 MC Units of Service
 Global Period
 Pct. of Family AllDchs
 Pct. of Family PrivPmts
 Pct. of Family Vol. in OFFICE

Procedure
 Family Medicare Charges
 Family Private Payments
 Percent of CPEP Medicare Charges
 Percent of CPEP Private Payments

First Specialty
 Second Specialty
 Third Specialty

66225-Repair/graft eye lesion
 66605-Removal of iris

236,286
 \$60,304
 302
 87
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 090
 1%
 0%

2%
 36%

18-OPHTHALMOLOGY (91%)
 49-ASC (7%)
 16-OB-GYNECOLOGY (3%)
 18-OPHTHALMOLOGY (78%)
 49-ASC (18%)

532-Cataract Procedures
 Family Medicare Charges: \$1820605799
 Family Private Payments: \$9,644,545

66840-Removal of lens material
 66850-Removal of lens material
 66852-Removal of lens material
 66920-Extraction of lens
 66930-Extraction of lens
 66940-Extraction of lens
 66983-Remove cataract, insert lens
 66984-Remove cataract, insert lens
 66985-Insert lens prosthesis
 66986-Exchange lens prosthesis

568,241
 \$2,766,940
 \$681,761
 \$351,753
 \$217,039
 \$1,725,080
 \$5,704,904
 \$178763681
 \$15,911,284
 \$5,044,116

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 18-OPHTHALMOLOGY (87%)
 49-ASC (11%)
 18-OPHTHALMOLOGY (68%)
 05-ANESTHESIA (12%)
 18-OPHTHALMOLOGY (73%)
 49-ASC (24%)
 18-OPHTHALMOLOGY (86%)
 49-ASC (11%)
 41-OPHTHMETRIST (45%)
 18-OPHTHALMOLOGY (37%)
 18-OPHTHALMOLOGY (63%)
 41-OPHTHMETRIST (18%)
 18-OPHTHALMOLOGY (69%)
 49-ASC (19%)
 18-OPHTHALMOLOGY (74%)
 49-ASC (20%)

70-GROUP PRAC (1%)
 41-OPHTHMETRIST (4%)
 70-GROUP PRAC (1%)
 43-CRNA (11%)
 04-OTOLARYNG (1%)
 70-GROUP PRAC (1%)
 49-ASC (12%)
 41-OPHTHMETRIST (11%)
 41-OPHTHMETRIST (5%)

536-Laser Eye Procedures
 Family Medicare Charges: \$652,024,409
 Family Private Payments: \$6,891,052

65855-Laser surgery of eye
 65860-Incise inner eye adhesions
 66761-Revision of iris
 66762-Revision of iris
 66770-Removal of inner eye lesion
 66821-After cataract laser surgery
 67031-Laser surgery, eye strands
 67105-Repair, detached retina
 67145-Treatment of retina
 67210-Treatment of retinal lesion
 67228-Treatment of retinal lesion

109,525,243
 \$576,046
 \$35,975,136
 \$3,520,768
 \$201,434
 \$315,343,123
 \$5,266,137
 \$6,309,851
 \$10,138,490
 \$86,284,518
 \$78,883,663

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18-OPHTHALMOLOGY (97%)
 41-OPHTHMETRIST (1%)
 18-OPHTHALMOLOGY (99%)
 13-NEUROLOGY (0%)
 18-OPHTHALMOLOGY (96%)
 41-OPHTHMETRIST (2%)
 18-OPHTHALMOLOGY (86%)
 49-ASC (14%)
 18-OPHTHALMOLOGY (97%)
 01-OB-GP/FP (1%)
 18-OPHTHALMOLOGY (74%)
 49-ASC (19%)
 18-OPHTHALMOLOGY (86%)
 49-ASC (10%)
 18-OPHTHALMOLOGY (92%)
 49-ASC (7%)
 18-OPHTHALMOLOGY (98%)
 70-GROUP PRAC (1%)
 18-OPHTHALMOLOGY (99%)
 70-GROUP PRAC (1%)
 18-OPHTHALMOLOGY (99%)
 70-GROUP PRAC (1%)

70-GROUP PRAC (1%)
 25-PHYSICL-REHAB (0%)
 70-GROUP PRAC (1%)
 70-GROUP PRAC (0%)
 70-GROUP PRAC (1%)
 41-OPHTHMETRIST (5%)
 41-OPHTHMETRIST (3%)
 70-GROUP PRAC (0%)
 11-INTERNAL MED (0%)
 11-INTERNAL MED (0%)
 82-HEMATOLOGY (0%)

540-Vitrectomy
 Family Medicare Charges: \$106,869,909
 Family Private Payments: \$1,287,181

67005-Partial removal of eye fluid
 67010-Partial removal of eye fluid
 67036-Removal of inner eye fluid
 67038-Strip retinal membrane
 67039-Laser treatment of retina
 67040-Laser treatment of retina

4,731,942
 \$20,446,113
 \$28,558,067
 \$34,044,322
 \$2,384,762
 \$16,704,703

6,099
 26,199
 20,516
 20,977
 2,565
 11,032

090
 090
 090
 090
 090
 090

3%
 5%
 3%
 4%
 2%
 5%

4%
 19%
 27%
 32%
 2%
 16%

18-OPHTHALMOLOGY (78%)
 49-ASC (17%)
 18-OPHTHALMOLOGY (76%)
 49-ASC (20%)
 18-OPHTHALMOLOGY (88%)
 49-ASC (11%)
 18-OPHTHALMOLOGY (93%)
 49-ASC (6%)
 18-OPHTHALMOLOGY (73%)
 49-ASC (24%)
 18-OPHTHALMOLOGY (92%)
 49-ASC (6%)

05-ANESTHESIA (2%)
 41-OPHTHMETRIST (3%)
 70-GROUP PRAC (1%)
 70-GROUP PRAC (1%)
 05-ANESTHESIA (1%)
 70-GROUP PRAC (1%)

544-Minor Ophthalmological Injection, Scraping and Tests
 Family Medicare Charges: \$6,430,510
 Family Private Payments: \$243,787

65205-Remove foreign body from eye
 65210-Remove foreign body from eye
 65220-Remove foreign body from eye

4,006,311
 \$567,817
 \$103,439

12,579
 14,022
 2,979

000
 000
 000

14%
 97%
 58%

6%
 9%
 2%

18-OPHTHALMOLOGY (59%)
 01-OB-GP/FP (16%)
 18-OPHTHALMOLOGY (87%)
 41-OPHTHMETRIST (6%)
 01-OB-GP/FP (47%)
 93-EMERGENCY MED (18%)
 18-OPHTHALMOLOGY (15%)

41-OPHTHMETRIST (10%)
 01-OB-GP/FP (3%)
 18-OPHTHALMOLOGY (15%)

Top Medicare Specialties (% of Procedure Volume)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	AllDchs	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
65222-Remove foreign body from eye	\$1,330,173	27,501	000	21%	42%	94%	18-OPHTHALMOLOGY (85%)	41-OPTOMETRIST (8%)	93-EMERGENCY MED (3%)
65430-Corneal smear	\$312,353	4,354	000	5%	2%	88%	18-OPHTHALMOLOGY (97%)	70-GROUP PRAC (1%)	41-OPTOMETRIST (1%)
67500-Inject/treat eye socket	\$1,583,683	22,416	000	25%	11%	29%	05-ANESTHESIA (58%)	18-OPHTHALMOLOGY (37%)	43-CRMA (4%)
67505-Inject/treat eye socket	\$71,107	1,048	000	1%	0%	69%	18-OPHTHALMOLOGY (99%)	70-GROUP PRAC (0%)	01,08-GP/FP (0%)
67515-Inject/treat eye socket	\$1,098,036	27,253	000	17%	6%	82%	18-OPHTHALMOLOGY (99%)	70-GROUP PRAC (0%)	01,08-GP/FP (0%)
68200-Treat eyelid by injection	\$957,591	29,359	000	15%	6%	82%	18-OPHTHALMOLOGY (97%)	70-GROUP PRAC (1%)	05-ANESTHESIA (1%)
548-Minor Ophthalmological Tests and Procedures									
Family Medicare Charges:\$320,538,021									
Percent of CPEP Medicare Charges: 8%									
Family Private Payments: \$2,484,908									
Percent of CPEP Private Payments: 8%									
76511-Echo exam of eye	\$2,502,383	34,030	XXX	1%	1%	90%	18-OPHTHALMOLOGY (91%)	70-GROUP PRAC (4%)	30-RADIOLOGY (3%)
76512-Echo exam of eye	\$9,442,356	111,849	XXX	3%	4%	93%	18-OPHTHALMOLOGY (94%)	41-OPTOMETRIST (3%)	70-GROUP PRAC (1%)
76513-Echo exam of eye, water bath	\$57,189	683	XXX	0%	0%	49%	18-OPHTHALMOLOGY (90%)	30-RADIOLOGY (6%)	70-GROUP PRAC (4%)
76516-Echo exam of eye	\$10,125,728	152,927	XXX	3%	6%	98%	18-OPHTHALMOLOGY (96%)	41-OPTOMETRIST (1%)	70-GROUP PRAC (1%)
76519-Echo exam of eye	\$73,840,605	1,129,236	XXX	23%	16%	99%	18-OPHTHALMOLOGY (97%)	41-OPTOMETRIST (2%)	70-GROUP PRAC (1%)
76529-Echo exam of eye	\$7,414	130	XXX	0%	0%	60%	18-OPHTHALMOLOGY (71%)	30-RADIOLOGY (28%)	01,08-GP/FP (1%)
92081-Visual field examination(s)	\$4,828,326	214,350	XXX	2%	3%	97%	18-OPHTHALMOLOGY (65%)	41-OPTOMETRIST (31%)	01,08-GP/FP (1%)
92082-Visual field examination(s)	\$11,045,694	313,924	XXX	3%	8%	97%	18-OPHTHALMOLOGY (76%)	41-OPTOMETRIST (21%)	70-GROUP PRAC (1%)
92083-Visual field examination(s)	\$84,161,267	1,650,974	XXX	26%	24%	98%	18-OPHTHALMOLOGY (87%)	41-OPTOMETRIST (11%)	70-GROUP PRAC (1%)
92120-Tonography & eye evaluation	\$796,860	27,373	XXX	0%	0%	98%	18-OPHTHALMOLOGY (77%)	41-OPTOMETRIST (10%)	11-INTERNAL MED (6%)
92130-Water provocation tonography	\$49,084	1,231	XXX	0%	0%	95%	18-OPHTHALMOLOGY (82%)	41-OPTOMETRIST (11%)	01,08-GP/FP (3%)
92140-Glaucoma provocative tests	\$613,858	22,598	XXX	0%	0%	97%	18-OPHTHALMOLOGY (81%)	41-OPTOMETRIST (14%)	01,08-GP/FP (3%)
92230-Eye exam with photos	\$319,656	7,460	XXX	0%	1%	85%	18-OPHTHALMOLOGY (75%)	01,08-GP/FP (8%)	41-OPTOMETRIST (6%)
92235-Eye exam with photos	\$74,830,700	661,475	XXX	23%	21%	95%	18-OPHTHALMOLOGY (98%)	70-GROUP PRAC (1%)	41-OPTOMETRIST (1%)
92250-Eye exam with photos	\$29,975,124	973,744	XXX	9%	9%	98%	18-OPHTHALMOLOGY (84%)	41-OPTOMETRIST (15%)	70-GROUP PRAC (1%)
92265-Eye muscle evaluation	\$66,809	1,392	XXX	0%	0%	82%	18-OPHTHALMOLOGY (47%)	13-NEUROLOGY (17%)	29-PULMONARY DIS (12%)
92270-Electro-oculography	\$217,835	5,389	XXX	0%	0%	77%	18-OPHTHALMOLOGY (23%)	04-OTOLARYNG (22%)	13-NEUROLOGY (14%)
92275-Electroretinography	\$426,823	6,310	XXX	0%	1%	91%	18-OPHTHALMOLOGY (90%)	13-NEUROLOGY (5%)	70-GROUP PRAC (1%)
92285-Eye photography	\$1,366,454	71,283	XXX	0%	1%	95%	18-OPHTHALMOLOGY (83%)	41-OPTOMETRIST (13%)	70-GROUP PRAC (2%)
92286-Internal eye photography	\$15,781,015	190,392	XXX	5%	5%	99%	18-OPHTHALMOLOGY (97%)	41-OPTOMETRIST (2%)	95-PHYSIOL LAB (0%)
92287-Internal eye photography	\$102,861	1,058	XXX	0%	0%	97%	18-OPHTHALMOLOGY (76%)	41-OPTOMETRIST (22%)	01,08-GP/FP (1%)
552-Ophthalmology Evaluation and Management									
Family Medicare Charges:\$673,508,921									
Percent of CPEP Medicare Charges: 17%									
Family Private Payments: \$5,058,059									
Percent of CPEP Private Payments: 16%									
92002-Eye exam, new patient	\$15,298,850	370,054	XXX	2%	7%	92%	41-OPTOMETRIST (49%)	18-OPHTHALMOLOGY (48%)	70-GROUP PRAC (1%)
92004-Eye exam, new patient	\$102,365,064	1,803,916	XXX	15%	23%	96%	18-OPHTHALMOLOGY (72%)	41-OPTOMETRIST (26%)	70-GROUP PRAC (0%)
92012-Eye exam established pt	\$197,947,335	5,300,143	XXX	29%	25%	98%	18-OPHTHALMOLOGY (85%)	41-OPTOMETRIST (14%)	70-GROUP PRAC (1%)
92014-Eye exam & treatment	\$283,353,238	5,990,896	XXX	42%	36%	98%	18-OPHTHALMOLOGY (81%)	41-OPTOMETRIST (18%)	70-GROUP PRAC (1%)
92015-Refracton	\$693	112	XXX	0%	0%	98%	18-OPHTHALMOLOGY (64%)	41-OPTOMETRIST (36%)	(.)
92020-Special eye evaluation	\$13,810,309	607,451	XXX	2%	1%	98%	18-OPHTHALMOLOGY (92%)	41-OPTOMETRIST (7%)	70-GROUP PRAC (0%)
92060-Special eye evaluation	\$579,810	20,977	XXX	0%	0%	97%	18-OPHTHALMOLOGY (75%)	41-OPTOMETRIST (16%)	70-GROUP PRAC (0%)
92065-Orthoptic/pleoptic training	\$316,905	8,957	XXX	0%	1%	99%	41-OPTOMETRIST (88%)	18-OPHTHALMOLOGY (12%)	70-GROUP PRAC (0%)
92100-Serial tonometry exam(s)	\$5,042,873	189,362	XXX	1%	1%	90%	18-OPHTHALMOLOGY (64%)	41-OPTOMETRIST (25%)	05-ANESTHESIA (3%)
92225-Special eye exam, initial	\$30,162,867	837,197	XXX	4%	4%	93%	18-OPHTHALMOLOGY (73%)	41-OPTOMETRIST (26%)	70-GROUP PRAC (0%)
92226-Special eye exam, subsequent	\$24,006,747	747,089	XXX	4%	2%	95%	18-OPHTHALMOLOGY (90%)	41-OPTOMETRIST (8%)	70-GROUP PRAC (1%)
92260-Ophthalmoscopy/dynamometry	\$332,456	8,391	XXX	0%	0%	98%	18-OPHTHALMOLOGY (75%)	41-OPTOMETRIST (15%)	13-NEUROLOGY (9%)
92283-Color vision examination	\$171,091	8,224	XXX	0%	0%	79%	18-OPHTHALMOLOGY (57%)	41-OPTOMETRIST (40%)	01,08-GP/FP (1%)
92284-Dark adaptation eye exam	\$100,683	3,090	XXX	0%	0%	96%	18-OPHTHALMOLOGY (85%)	41-OPTOMETRIST (9%)	70-GROUP PRAC (2%)

556-Fitting of Contact Lenses and Spectacles

Family Medicare Charges: \$5,388,341
Family Private Payments: \$26,937

Percent of CPEP Medicare Charges: 0%
Percent of CPEP Private Payments: 0%

92070-Fitting of contact lens	22,102	XXX	31%	51%	86%	18-OPHTHALMOLOGY (91%)	41-OPTOMETRIST (7%)	24-PLASTIC SURG (0%)
92310-Contact lens fitting	XXX	XXX	49%	49%		(.)	(.)	(.)
92311-Contact lens fitting	\$497,025	7,950	9%		97%	18-OPHTHALMOLOGY (56%)	41-OPTOMETRIST (41%)	70-GROUP PRAC (2%)
92312-Contact lens fitting	\$219,977	2,910	4%		96%	41-OPTOMETRIST (55%)	18-OPHTHALMOLOGY (40%)	70-GROUP PRAC (2%)
92313-Contact lens fitting	\$7,013	150	0%		92%	18-OPHTHALMOLOGY (43%)	41-OPTOMETRIST (30%)	01-08-GP/FP (11%)
92314-Prescription of contact lens	XXX	XXX				(.)	(.)	(.)
92315-Prescription of contact lens	\$50,180	778	1%		97%	18-OPHTHALMOLOGY (59%)	41-OPTOMETRIST (38%)	54-MEDICAL SUPPL (1%)
92316-Prescription of contact lens	\$46,623	434	1%		73%	41-OPTOMETRIST (69%)	18-OPHTHALMOLOGY (30%)	54-MEDICAL SUPPL (1%)
92317-Prescription of contact lens	\$1,905	54	0%		72%	18-OPHTHALMOLOGY (56%)	41-OPTOMETRIST (17%)	10-GASTROENTER (13%)
92340-Fitting of spectacles	XXX	XXX				(.)	(.)	(.)
92341-Fitting of spectacles	\$100	1	0%		100%	52-MED SUPPLY-CP (100%)	(.)	(.)
92342-Fitting of spectacles	XXX	XXX				(.)	(.)	(.)
92352-Special spectacles fitting	\$185,065	9,340	3%		93%	41-OPTOMETRIST (46%)	18-OPHTHALMOLOGY (38%)	54-MEDICAL SUPPL (7%)
92353-Special spectacles fitting	\$2,652,543	103,372	49%		96%	41-OPTOMETRIST (70%)	18-OPHTHALMOLOGY (22%)	54-MEDICAL SUPPL (5%)
92354-Special spectacles fitting	\$50,184	284	1%		99%	41-OPTOMETRIST (65%)	18-OPHTHALMOLOGY (26%)	70-GROUP PRAC (7%)
92355-Special spectacles fitting	\$6,843	66	0%		98%	41-OPTOMETRIST (73%)	18-OPHTHALMOLOGY (26%)	54-MEDICAL SUPPL (2%)

560-Provision of Vision Aids

Family Medicare Charges: \$1,051,215
Family Private Payments: \$9,581

Percent of CPEP Medicare Charges: 0%
Percent of CPEP Private Payments: 0%

92325-Modification of contact lens	\$35,182	2,944	3%	10%	99%	18-OPHTHALMOLOGY (67%)	41-OPTOMETRIST (29%)	70-GROUP PRAC (2%)
92326-Replacement of contact lens	\$596,098	10,729	57%	90%	96%	18-OPHTHALMOLOGY (65%)	41-OPTOMETRIST (31%)	54-MEDICAL SUPPL (2%)
92330-Fitting of artificial eye	\$15,060	203	1%		90%	41-OPTOMETRIST (39%)	18-OPHTHALMOLOGY (22%)	11-INTERNAL MED (10%)
92335-Fitting of artificial eye	\$10,488	169	1%		94%	18-OPHTHALMOLOGY (54%)	70-GROUP PRAC (15%)	06-CARDIOLOGY (10%)
92358-Eye prosthesis service	\$214,326	7,434	20%		97%	18-OPHTHALMOLOGY (88%)	41-OPTOMETRIST (6%)	54-MEDICAL SUPPL (5%)
92370-Repair & adjust spectacles	\$22	3	0%		67%	54-MEDICAL SUPPL (67%)	41-OPTOMETRIST (33%)	(.)
92371-Repair & adjust spectacles	\$12,015	766	1%		82%	41-OPTOMETRIST (67%)	18-OPHTHALMOLOGY (31%)	54-MEDICAL SUPPL (2%)
92392-Supply of low vision aids	\$289	6	0%		100%	18-OPHTHALMOLOGY (100%)	(.)	(.)
92393-Supply of artificial eye	\$8,793	52	1%		94%	18-OPHTHALMOLOGY (42%)	41-OPTOMETRIST (37%)	53-MED SUPPL-CPO (6%)
92395-Supply of spectacles	\$61,783	1,559	6%		97%	41-OPTOMETRIST (74%)	18-OPHTHALMOLOGY (11%)	58-OTHER/REG RX (11%)
92396-Supply of contact lenses	\$97,159	1,407	9%		99%	18-OPHTHALMOLOGY (53%)	41-OPTOMETRIST (41%)	58-OTHER/REG RX (4%)

CPEP 6 - RADIOLOGY

1993 MC Allowed Charges
 1993 MC Units of Service
 Global Period
 Pct. of Family Privpts
 Pct. of Family Vol. in OFFICE

600-Plain Film
 Family Medicare Charges: \$1095085455
 Family Private Payments: \$36,573,218

Percent of CPEP Medicare Charges: 26%
 Percent of CPEP Private Payments: 32%

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Privpts	Pct. of Family Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
70030-X-ray eye for foreign body	\$91,252	7,485	XXX	0%	23%	30-RADIOLOGY (91%)	70-GROUP PRAC (6%)	01,08-GP/FP (1%)
70100-X-ray exam of jaw	\$134,082	8,906	XXX	0%	26%	30-RADIOLOGY (64%)	63-XRAY SUPPLIER (10%)	19-ORAL SURGERY (8%)
70110-X-ray exam of jaw	\$413,723	25,412	XXX	0%	14%	30-RADIOLOGY (88%)	70-GROUP PRAC (3%)	63-XRAY SUPPLIER (2%)
70120-X-ray exam of mastoids	\$67,308	2,745	XXX	0%	74%	30-RADIOLOGY (31%)	04-OTOLARYNG (27%)	01,08-GP/FP (18%)
70130-X-ray exam of mastoids	\$189,301	6,267	XXX	0%	53%	30-RADIOLOGY (65%)	04-OTOLARYNG (27%)	01,08-GP/FP (3%)
70134-X-ray exam of middle ear	\$51,812	1,419	XXX	0%	70%	04-OTOLARYNG (62%)	30-RADIOLOGY (33%)	70-GROUP PRAC (2%)
70140-X-ray exam of facial bones	\$222,533	14,143	XXX	0%	26%	30-RADIOLOGY (69%)	19-ORAL SURGERY (8%)	63-XRAY SUPPLIER (7%)
70150-X-ray exam of facial bones	\$1,209,893	69,761	XXX	0%	10%	30-RADIOLOGY (85%)	63-XRAY SUPPLIER (5%)	70-GROUP PRAC (3%)
70160-X-ray exam of nasal bones	\$692,340	59,302	XXX	0%	12%	30-RADIOLOGY (83%)	63-XRAY SUPPLIER (5%)	01,08-GP/FP (4%)
70190-X-ray exam of eye sockets	\$17,928	1,117	XXX	0%	23%	30-RADIOLOGY (83%)	70-GROUP PRAC (2%)	01,08-GP/FP (4%)
70200-X-ray exam of eye sockets	\$723,474	39,410	XXX	0%	12%	30-RADIOLOGY (88%)	70-GROUP PRAC (3%)	01,08-GP/FP (17%)
70210-X-ray exam of sinuses	\$3,161,023	137,204	XXX	0%	82%	04-OTOLARYNG (36%)	30-RADIOLOGY (29%)	01,08-GP/FP (1%)
70220-X-ray exam of sinuses	\$9,645,571	397,683	XXX	4%	48%	30-RADIOLOGY (67%)	01,08-GP/FP (10%)	04-OTOLARYNG (9%)
70240-X-ray exam pituitary saddle	\$34,354	2,281	XXX	0%	38%	30-RADIOLOGY (70%)	63-XRAY SUPPLIER (8%)	11-INTERNAL MED (8%)
70250-X-ray exam of skull	\$1,645,293	89,968	XXX	0%	21%	30-RADIOLOGY (74%)	63-XRAY SUPPLIER (10%)	01,08-GP/FP (6%)
70260-X-ray exam of skull	\$4,180,605	182,323	XXX	0%	14%	30-RADIOLOGY (83%)	63-XRAY SUPPLIER (6%)	01,08-GP/FP (3%)
70300-X-ray exam of teeth	\$31,525	2,770	XXX	0%	89%	19-ORAL SURGERY (77%)	85-MAXILLOFACIAL (15%)	30-RADIOLOGY (5%)
70310-X-ray exam of teeth	\$16,193	1,209	XXX	0%	73%	19-ORAL SURGERY (71%)	30-RADIOLOGY (15%)	85-MAXILLOFACIAL (11%)
70320-Full mouth x-ray of teeth	\$110,951	4,417	XXX	0%	62%	19-ORAL SURGERY (58%)	30-RADIOLOGY (31%)	70-GROUP PRAC (5%)
70328-X-ray exam of jaw joint	\$24,263	1,382	XXX	0%	52%	30-RADIOLOGY (57%)	19-ORAL SURGERY (11%)	01,08-GP/FP (11%)
70330-X-ray exam of jaw joints	\$237,531	9,234	XXX	0%	52%	30-RADIOLOGY (62%)	19-ORAL SURGERY (18%)	04-OTOLARYNG (5%)
70350-X-ray head for orthodontia	\$17,717	1,062	XXX	0%	68%	19-ORAL SURGERY (64%)	30-RADIOLOGY (28%)	85-MAXILLOFACIAL (12%)
70355-Panoramic x-ray of jaws	\$649,006	27,987	XXX	0%	70%	19-ORAL SURGERY (52%)	30-RADIOLOGY (25%)	85-MAXILLOFACIAL (19%)
70360-X-ray exam of neck	\$527,917	48,206	XXX	0%	13%	30-RADIOLOGY (88%)	70-GROUP PRAC (3%)	01,08-GP/FP (3%)
70370-Throat x-ray & fluoroscopy	\$45,493	2,165	XXX	0%	9%	30-RADIOLOGY (93%)	19-ORAL SURGERY (1%)	25-PHYSICL-REHAB (1%)
70380-X-ray exam of salivary gland	\$33,401	1,511	XXX	0%	69%	30-RADIOLOGY (54%)	19-ORAL SURGERY (20%)	04-OTOLARYNG (14%)
71010-Chest x-ray	\$384,266	16,139,665	XXX	16%	6%	30-RADIOLOGY (87%)	63-XRAY SUPPLIER (4%)	70-GROUP PRAC (3%)
71015-X-ray exam of chest	\$177,776,826	16,139,665	XXX	16%	6%	30-RADIOLOGY (91%)	11-INTERNAL MED (5%)	01,08-GP/FP (2%)
71020-Chest x-ray	\$325,415,825	18,527,920	XXX	30%	31%	30-RADIOLOGY (74%)	11-INTERNAL MED (8%)	01,08-GP/FP (7%)
71021-Chest x-ray	\$962,433	42,034	XXX	0%	26%	30-RADIOLOGY (84%)	11-INTERNAL MED (5%)	01,08-GP/FP (4%)
71022-Chest x-ray	\$771,311	30,514	XXX	0%	34%	30-RADIOLOGY (68%)	70-GROUP PRAC (15%)	11-INTERNAL MED (8%)
71023-Chest x-ray and fluoroscopy	\$249,037	10,908	XXX	0%	15%	30-RADIOLOGY (91%)	06-CARDIOLOGY (5%)	70-GROUP PRAC (2%)
71030-Chest x-ray	\$1,925,258	80,566	XXX	0%	26%	30-RADIOLOGY (79%)	70-GROUP PRAC (7%)	01,08-GP/FP (6%)
71034-Chest x-ray & fluoroscopy	\$418,401	15,415	XXX	0%	6%	30-RADIOLOGY (92%)	11-INTERNAL MED (3%)	06-CARDIOLOGY (2%)
71035-Chest x-ray	\$1,914,875	179,391	XXX	0%	5%	30-RADIOLOGY (95%)	70-GROUP PRAC (2%)	11-INTERNAL MED (1%)
71038-X-ray guidance for biopsy	\$192,975	6,355	XXX	0%	2%	30-RADIOLOGY (65%)	29-PULMONARY DIS (41%)	70-GROUP PRAC (5%)
71100-X-ray exam of ribs	\$6,256,695	347,254	XXX	1%	33%	30-RADIOLOGY (71%)	01,08-GP/FP (9%)	63-XRAY SUPPLIER (6%)
71101-X-ray exam of ribs, chest	\$3,779,939	191,368	XXX	0%	26%	30-RADIOLOGY (81%)	01,08-GP/FP (5%)	70-GROUP PRAC (4%)
71110-X-ray exam of ribs	\$1,344,159	59,946	XXX	0%	30%	30-RADIOLOGY (72%)	01,08-GP/FP (8%)	63-XRAY SUPPLIER (6%)
71111-X-ray exam of ribs, chest	\$745,648	30,661	XXX	0%	27%	30-RADIOLOGY (81%)	01,08-GP/FP (5%)	70-GROUP PRAC (5%)
71120-X-ray exam of breastbone	\$416,827	27,486	XXX	0%	22%	30-RADIOLOGY (84%)	01,08-GP/FP (4%)	70-GROUP PRAC (3%)
71130-X-ray exam of breastbone	\$70,144	3,335	XXX	0%	4%	30-RADIOLOGY (74%)	20-ORTHOPED SURG (14%)	70-GROUP PRAC (3%)
72010-X-ray exam of spine	\$689,777	17,707	XXX	0%	49%	30-RADIOLOGY (65%)	20-ORTHOPED SURG (14%)	01,08-GP/FP (9%)
72020-X-ray exam of spine	\$1,833,184	171,169	XXX	0%	23%	30-RADIOLOGY (79%)	20-ORTHOPED SURG (11%)	01,08-GP/FP (2%)
72040-X-ray exam of neck spine	\$6,211,006	323,016	XXX	1%	41%	30-RADIOLOGY (64%)	20-ORTHOPED SURG (13%)	01,08-GP/FP (8%)
72050-X-ray exam of neck spine	\$12,169,227	471,158	XXX	1%	2%	30-RADIOLOGY (77%)	20-ORTHOPED SURG (6%)	01,08-GP/FP (5%)
72052-X-ray exam of neck spine	\$7,804,286	247,219	XXX	1%	37%	30-RADIOLOGY (77%)	20-ORTHOPED SURG (6%)	01,08-GP/FP (5%)
72069-X-ray exam of trunk spine	\$48,233	1,972	XXX	0%	74%	20-ORTHOPED SURG (54%)	30-RADIOLOGY (32%)	01,08-GP/FP (6%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
72070-X-ray exam of thorax spine	\$7,474,479	375,001	1%	41%	30-RADIOLOGY (69%)	20-ORTHOPEID SURG (10%)	01-08-GP/FP (7%)
72072-X-ray exam of thoracic spine	\$2,105,471	122,769	0%	27%	30-RADIOLOGY (87%)	01-08-GP/FP (3%)	70-GROUP PRAC (3%)
72074-X-ray exam of thoracic spine	\$570,619	25,624	0%	34%	30-RADIOLOGY (79%)	01-08-GP/FP (5%)	20-ORTHOPEID SURG (4%)
72080-X-ray exam of trunk spine	\$950,855	40,420	0%	58%	30-RADIOLOGY (50%)	20-ORTHOPEID SURG (34%)	11-INTERNAL MED (4%)
72090-X-ray exam of trunk spine	\$222,446	8,433	0%	54%	30-RADIOLOGY (57%)	20-ORTHOPEID SURG (43%)	01-08-GP/FP (4%)
72100-X-ray exam of lower spine	\$23,487,390	1,052,368	2%	3%	30-RADIOLOGY (54%)	20-ORTHOPEID SURG (23%)	01-08-GP/FP (8%)
72110-X-ray exam of lower spine	\$31,214,685	1,107,262	3%	5%	30-RADIOLOGY (53%)	20-ORTHOPEID SURG (10%)	01-08-GP/FP (6%)
72114-X-ray exam of lower spine	\$1,874,385	47,675	0%	56%	30-RADIOLOGY (59%)	20-ORTHOPEID SURG (24%)	01-08-GP/FP (6%)
72120-X-ray exam of lower spine	\$494,460	17,054	0%	64%	30-RADIOLOGY (48%)	20-ORTHOPEID SURG (36%)	01-08-GP/FP (7%)
72170-X-ray exam of pelvis	\$17,598,893	1,151,408	2%	39%	30-RADIOLOGY (62%)	20-ORTHOPEID SURG (23%)	63-XRAY SUPPLIER (4%)
72190-X-ray exam of pelvis	\$2,496,589	136,071	0%	33%	30-RADIOLOGY (70%)	20-ORTHOPEID SURG (19%)	01-08-GP/FP (3%)
72200-X-ray exam sacroiliac joints	\$134,094	7,320	0%	58%	30-RADIOLOGY (61%)	20-ORTHOPEID SURG (15%)	66-RHEUMATOLOGY (7%)
72202-X-ray exam sacroiliac joints	\$302,567	16,271	0%	43%	30-RADIOLOGY (81%)	20-ORTHOPEID SURG (14%)	70-GROUP PRAC (4%)
72220-X-ray exam of tailbone	\$1,199,863	79,002	0%	31%	30-RADIOLOGY (74%)	20-ORTHOPEID SURG (8%)	63-XRAY SUPPLIER (6%)
73000-X-ray exam of collarbone	\$1,014,516	65,128	0%	43%	30-RADIOLOGY (58%)	20-ORTHOPEID SURG (23%)	63-XRAY SUPPLIER (7%)
73010-X-ray exam of shoulder blade	\$463,283	31,085	0%	35%	30-RADIOLOGY (70%)	20-ORTHOPEID SURG (17%)	01-08-GP/FP (3%)
73020-X-ray exam of shoulder	\$2,331,491	137,084	0%	64%	20-ORTHOPEID SURG (41%)	30-RADIOLOGY (37%)	01-08-GP/FP (11%)
73030-X-ray exam of shoulder	\$23,621,779	1,256,704	2%	52%	30-RADIOLOGY (53%)	20-ORTHOPEID SURG (27%)	01-08-GP/FP (6%)
73050-X-ray exam of shoulders	\$181,465	8,364	0%	56%	30-RADIOLOGY (53%)	20-ORTHOPEID SURG (30%)	01-08-GP/FP (7%)
73060-X-ray exam of humerus	\$4,680,557	294,412	0%	38%	30-RADIOLOGY (61%)	20-ORTHOPEID SURG (23%)	01-08-GP/FP (7%)
73070-X-ray exam of elbow	\$2,998,118	169,504	0%	60%	20-ORTHOPEID SURG (41%)	30-RADIOLOGY (39%)	01-08-GP/FP (7%)
73080-X-ray exam of elbow	\$3,028,190	193,198	0%	33%	30-RADIOLOGY (68%)	20-ORTHOPEID SURG (14%)	01-08-GP/FP (5%)
73090-X-ray exam of forearm	\$2,325,608	166,516	0%	31%	30-RADIOLOGY (66%)	20-ORTHOPEID SURG (11%)	63-XRAY SUPPLIER (8%)
73092-X-ray exam of arm, infant	\$5,303	338	0%	53%	30-RADIOLOGY (65%)	01-08-GP/FP (15%)	20-ORTHOPEID SURG (7%)
73100-X-ray exam of wrist	\$7,377,171	381,498	1%	78%	20-ORTHOPEID SURG (62%)	30-RADIOLOGY (23%)	01-08-GP/FP (5%)
73110-X-ray exam of wrist	\$10,151,184	605,983	1%	2%	30-RADIOLOGY (58%)	20-ORTHOPEID SURG (22%)	01-08-GP/FP (6%)
73120-X-ray exam of hand	\$3,989,373	215,995	0%	44%	30-RADIOLOGY (36%)	20-ORTHOPEID SURG (20%)	66-RHEUMATOLOGY (15%)
73130-X-ray exam of hand	\$8,192,118	491,816	1%	41%	30-RADIOLOGY (62%)	20-ORTHOPEID SURG (13%)	63-XRAY SUPPLIER (7%)
73140-X-ray exam of finger(s)	\$3,190,847	233,639	0%	2%	30-RADIOLOGY (49%)	20-ORTHOPEID SURG (29%)	01-08-GP/FP (8%)
73500-X-ray exam of hip	\$6,055,461	406,518	1%	40%	30-RADIOLOGY (60%)	20-ORTHOPEID SURG (27%)	01-08-GP/FP (4%)
73510-X-ray exam of hip	\$39,534,299	2,100,198	4%	42%	30-RADIOLOGY (58%)	20-ORTHOPEID SURG (27%)	63-XRAY SUPPLIER (5%)
73520-X-ray exam of hips	\$7,501,731	330,968	0%	41%	30-RADIOLOGY (63%)	20-ORTHOPEID SURG (20%)	63-XRAY SUPPLIER (5%)
73530-X-ray exam of hip	\$731,899	46,285	0%	1%	30-RADIOLOGY (94%)	20-ORTHOPEID SURG (2%)	70-GROUP PRAC (2%)
73540-X-ray exam of pelvis & hips	\$118,615	6,020	0%	0%	30-RADIOLOGY (47%)	20-ORTHOPEID SURG (33%)	01-08-GP/FP (9%)
73550-X-ray exam of thigh	\$6,803,258	450,365	1%	30%	30-RADIOLOGY (68%)	20-ORTHOPEID SURG (18%)	63-XRAY SUPPLIER (6%)
73560-X-ray exam of knee	\$26,250,985	1,397,540	2%	64%	20-ORTHOPEID SURG (42%)	30-RADIOLOGY (39%)	01-08-GP/FP (6%)
73562-X-ray exam of knee	\$14,911,833	768,927	1%	2%	30-RADIOLOGY (52%)	20-ORTHOPEID SURG (33%)	01-08-GP/FP (4%)
73564-X-ray exam of knee	\$2,212,022	86,041	0%	65%	20-ORTHOPEID SURG (45%)	30-RADIOLOGY (43%)	01-08-GP/FP (3%)
73565-X-ray exam of knee	\$2,212,022	86,041	0%	88%	20-ORTHOPEID SURG (67%)	30-RADIOLOGY (23%)	66-RHEUMATOLOGY (3%)
73590-X-ray exam of lower leg	\$5,785,069	399,229	1%	34%	30-RADIOLOGY (65%)	20-ORTHOPEID SURG (19%)	63-XRAY SUPPLIER (5%)
73592-X-ray exam of leg, infant	\$15,374	951	0%	53%	30-RADIOLOGY (49%)	01-08-GP/FP (19%)	20-ORTHOPEID SURG (17%)
73600-X-ray exam of ankle	\$4,440,535	231,376	0%	72%	20-ORTHOPEID SURG (40%)	30-RADIOLOGY (29%)	48-PODIATRY (11%)
73610-X-ray exam of ankle	\$12,755,185	746,441	0%	46%	30-RADIOLOGY (56%)	20-ORTHOPEID SURG (24%)	01-08-GP/FP (6%)
73620-X-ray exam of foot	\$18,384,944	816,986	2%	3%	48-PODIATRY (68%)	20-ORTHOPEID SURG (11%)	30-RADIOLOGY (11%)
73630-X-ray exam of foot	\$23,537,918	1,200,656	2%	5%	30-RADIOLOGY (63%)	48-PODIATRY (31%)	20-ORTHOPEID SURG (12%)
73650-X-ray exam of heel	\$1,935,119	106,338	0%	70%	30-RADIOLOGY (37%)	20-ORTHOPEID SURG (31%)	48-PODIATRY (16%)
73660-X-ray exam of toes(s)	\$1,563,385	106,817	0%	61%	30-RADIOLOGY (42%)	48-PODIATRY (23%)	20-ORTHOPEID SURG (18%)
74000-X-ray exam of abdomen	\$22,822,993	1,884,138	2%	14%	30-RADIOLOGY (86%)	70-GROUP PRAC (3%)	01-08-GP/FP (3%)
74010-X-ray exam of abdomen	\$5,058,709	360,790	0%	9%	30-RADIOLOGY (89%)	70-GROUP PRAC (4%)	01-08-GP/FP (2%)
74020-X-ray exam of abdomen	\$18,505,158	1,175,238	2%	1%	30-RADIOLOGY (90%)	70-GROUP PRAC (3%)	01-08-GP/FP (2%)
74022-X-ray exam series, abdomen	\$10,323,481	592,036	1%	4%	30-RADIOLOGY (92%)	70-GROUP PRAC (3%)	93-EMERGENCY MED (2%)
74210-Contrast xray exam of throat	\$494,064	18,906	0%	19%	30-RADIOLOGY (86%)	70-GROUP PRAC (11%)	01-08-GP/FP (1%)

Procedure

74220-Contrast xray exam, esophagus	\$9,985,109	303,289	XXX	1%	22%	30-RADIOLOGY (92%)	70-GROUP PRAC (2%)	11-INTERNAL MED (2%)
74710-x-ray measurement of pelvis	\$7,768	409	XXX	0%	6%	30-RADIOLOGY (93%)	01,08-GP/FP (3%)	11-INTERNAL MED (2%)
75989-Abcess drainage under x-ray	\$1,188,898	17,778	XXX	0%	3%	30-RADIOLOGY (90%)	70-GROUP PRAC (4%)	94-INTERVEN RAD (3%)
76000-Fluoroscope examination	\$2,754,300	173,869	XXX	0%	12%	30-RADIOLOGY (77%)	05-ANESTHESIA (6%)	70-GROUP PRAC (3%)
76001-Fluoroscope exam, extensive	\$681,065	16,200	XXX	0%	5%	30-RADIOLOGY (90%)	92-RAD ONCOLOGY (3%)	70-GROUP PRAC (2%)
76003-Needle localization by x-ray	\$663,424	18,595	XXX	0%	14%	30-RADIOLOGY (88%)	94-INTERVEN RAD (3%)	05-ANESTHESIA (2%)
76010-x-ray, nose to rectum	\$1,753	134	XXX	0%	21%	30-RADIOLOGY (80%)	01,08-GP/FP (8%)	11-INTERNAL MED (4%)
76020-x-rays for bone age	\$18,611	1,369	XXX	0%	24%	30-RADIOLOGY (89%)	20-ORTHOPED SURG (4%)	70-GROUP PRAC (3%)
76040-x-rays, bone evaluation	\$527,332	19,103	XXX	0%	5%	20-ORTHOPED SURG (49%)	30-RADIOLOGY (44%)	70-GROUP PRAC (6%)
76061-x-rays, bone survey	\$483,549	15,883	XXX	0%	21%	30-RADIOLOGY (87%)	70-GROUP PRAC (6%)	11-INTERNAL MED (1%)
76062-x-rays, bone survey	\$972,102	23,901	XXX	0%	25%	30-RADIOLOGY (90%)	70-GROUP PRAC (3%)	83-HEMATOL/ONCOL (1%)
76085-x-rays, bone evaluation	\$2,432	140	XXX	0%	17%	30-RADIOLOGY (92%)	01,08-GP/FP (3%)	70-GROUP PRAC (2%)
76066-Joint(s) survey, single film	\$481,697	14,002	XXX	0%	6%	20-ORTHOPED SURG (43%)	30-RADIOLOGY (39%)	70-GROUP PRAC (9%)
76098-x-ray exam, breast specimen	\$592,735	64,647	XXX	0%	9%	30-RADIOLOGY (90%)	22-PATHOLOGY (4%)	70-GROUP PRAC (3%)
76100-x-ray exam of body section	\$1,463,860	39,794	XXX	0%	17%	30-RADIOLOGY (90%)	19-ORAL SURGERY (3%)	70-GROUP PRAC (2%)
76101-Complex body section x-ray	\$276,685	6,683	XXX	0%	22%	30-RADIOLOGY (95%)	70-GROUP PRAC (2%)	19-ORAL SURGERY (0%)
76102-Complex body section x-rays	\$93,176	2,007	XXX	0%	24%	30-RADIOLOGY (88%)	34-UROLOGY (7%)	19-ORAL SURGERY (2%)
76120-Cinematic x-rays	\$165,151	4,167	XXX	0%	5%	30-RADIOLOGY (33%)	06-CARDIOLOGY (33%)	11-INTERNAL MED (16%)
76125-Cinematic x-rays	\$54,394	3,488	XXX	0%	15%	30-RADIOLOGY (72%)	10-GASTROENTER (19%)	06-CARDIOLOGY (3%)
76150-x-ray exam, dry process	\$115,850	7,857	XXX	0%	100%	30-RADIOLOGY (54%)	70-GROUP PRAC (65%)	94-INTERVEN RAD (1%)
76350-Special x-ray contrast study	\$96,402	5,818	XXX	0%	1%	30-RADIOLOGY (93%)	70-GROUP PRAC (5%)	90-MED ONCOLOGY (1%)
00092-Set up port xray equipment	\$15,034,200	1,058,253	XXX	1%	0%	63-XRAY SUPPLIER (96%)	30-RADIOLOGY (3%)	95-PHYSIOL LAB (1%)
R0070-Transport portable x-ray	\$64,436,399	1,533,375	XXX	6%	0%	63-XRAY SUPPLIER (98%)	30-RADIOLOGY (2%)	95-PHYSIOL LAB (0%)
R0075-Transport port x-ray multipl	\$11,722,170	978,856	XXX	1%	0%	63-XRAY SUPPLIER (99%)	30-RADIOLOGY (1%)	95-PHYSIOL LAB (0%)
604-Mammography								
Family Medicare Charges:\$128,839,876								
Family Private Payments: \$9,921,230								
Percent of CPEP Medicare Charges:	3%							
Percent of CPEP Private Payments:	9%							
76090-Mammogram, one breast	\$13,646,071	507,111	XXX	11%	45%	30-RADIOLOGY (88%)	70-GROUP PRAC (4%)	11-INTERNAL MED (2%)
76091-Mammogram, both breasts	\$115,193,805	2,765,283	XXX	89%	50%	30-RADIOLOGY (86%)	70-GROUP PRAC (4%)	11-INTERNAL MED (3%)
608-Obstetrical Ultrasound								
Family Medicare Charges: \$1,453,418								
Family Private Payments: \$6,353,389								
Percent of CPEP Medicare Charges:	0%							
Percent of CPEP Private Payments:	6%							
76805-Echo exam of pregnant uterus	\$1,131,277	15,140	XXX	78%	79%	30-RADIOLOGY (62%)	16-OB-GYNECOLOGY (26%)	70-GROUP PRAC (4%)
76810-Echo exam of pregnant uterus	\$32,693	270	XXX	2%	0%	30-RADIOLOGY (63%)	16-OB-GYNECOLOGY (28%)	70-GROUP PRAC (4%)
76815-Echo exam of pregnant uterus	\$156,154	3,059	XXX	11%	12%	16-OB-GYNECOLOGY (51%)	30-RADIOLOGY (39%)	70-GROUP PRAC (4%)
76816-Echo exam followup or repeat	\$63,098	1,408	XXX	4%	5%	16-OB-GYNECOLOGY (60%)	30-RADIOLOGY (28%)	70-GROUP PRAC (4%)
76818-Fetal biophysical profile	\$70,196	1,282	XXX	5%	4%	16-OB-GYNECOLOGY (61%)	30-RADIOLOGY (30%)	70-GROUP PRAC (3%)
612-Diagnostic Ultrasound except Obstetrical								
Family Medicare Charges:\$13,959,983								
Family Private Payments: \$11,906,015								
Percent of CPEP Medicare Charges:	12%							
Percent of CPEP Private Payments:	11%							
76506-Echo exam of head	\$171,196	3,152	XXX	0%	1%	13-NEUROLOGY (28%)	30-RADIOLOGY (22%)	03-ALLERGY/IMMUN (17%)
76536-Echo exam of head and neck	\$4,006,326	81,438	XXX	1%	2%	30-RADIOLOGY (73%)	01,08-GP/FP (5%)	11-INTERNAL MED (5%)
76604-Echo exam of chest	\$800,262	22,058	XXX	0%	0%	30-RADIOLOGY (81%)	11-INTERNAL MED (4%)	70-GROUP PRAC (3%)
76645-Echo exam of breast	\$7,169,022	161,616	XXX	1%	6%	30-RADIOLOGY (89%)	70-GROUP PRAC (2%)	01,08-GP/FP (2%)
76700-Echo exam of abdomen	\$78,064,529	1,292,532	XXX	15%	23%	30-RADIOLOGY (84%)	11-INTERNAL MED (3%)	70-GROUP PRAC (3%)
76705-Echo exam of abdomen	\$28,335,609	634,683	XXX	6%	7%	30-RADIOLOGY (77%)	34-UROLOGY (15%)	70-GROUP PRAC (2%)

Procedure

First Specialty

Second Specialty

Third Specialty

76770-Echo exam abdomen back wall	703,329	\$42,274,903	8%	8%	32%	30-RADIOLOGY (75%)	34-UROLOGY (11%)	70-GROUP PRAC (3%)
76775-Echo exam abdomen back wall	173,707	\$7,585,940	1%	1%	25%	30-RADIOLOGY (81%)	34-UROLOGY (7%)	70-GROUP PRAC (3%)
76778-Echo exam kidney transplant	17,029	\$858,661	0%	0%	15%	30-RADIOLOGY (86%)	01-OB-GP/FP (36%)	11-INTERNAL MED (2%)
76800-Echo exam spinal canal	590	\$48,967	0%	0%	56%	30-RADIOLOGY (45%)	16-OB-GYNECOLOGY (25%)	13-NEUROLOGY (9%)
76830-Echo exam, transvaginal	55,523	\$3,067,741	1%	6%	56%	30-RADIOLOGY (67%)	34-UROLOGY (23%)	70-GROUP PRAC (3%)
76856-Echo exam of pelvis	52,312	\$35,035,009	7%	37%	50%	30-RADIOLOGY (61%)	30-RADIOLOGY (14%)	16-OB-GYNECOLOGY (5%)
76857-Echo exam of pelvis	73,304	\$3,541,889	1%	3%	88%	34-UROLOGY (76%)	30-RADIOLOGY (19%)	16-OB-GYNECOLOGY (6%)
76870-Echo exam of scrotum	32,816	\$1,725,473	0%	1%	38%	30-RADIOLOGY (72%)	34-UROLOGY (19%)	70-GROUP PRAC (3%)
76872-Echo exam, transrectal	296,260	\$22,187,569	4%	4%	79%	34-UROLOGY (74%)	30-RADIOLOGY (20%)	70-GROUP PRAC (2%)
76936-Echo guide for artery repair	53,514	\$2,271,996	0%	1%	22%	30-RADIOLOGY (74%)	70-GROUP PRAC (5%)	02-GNRL SURGERY (5%)
76938-Echo exam for drainage	9,476	\$430,292	0%	0%	21%	30-RADIOLOGY (88%)	(.)	(.)
76942-Echo guide for biopsy	288,025	\$19,380,166	4%	1%	73%	34-UROLOGY (74%)	70-GROUP PRAC (3%)	34-UROLOGY (3%)
76950-Echo guidance radiotherapy	787	\$35,956	0%	0%	35%	34-UROLOGY (45%)	30-RADIOLOGY (61%)	95-PHYSIOL LAB (3%)
76960-Echo guidance radiotherapy	1,230	\$44,430	0%	0%	8%	34-UROLOGY (48%)	30-RADIOLOGY (34%)	92-RAD ONCOLOGY (12%)
76970-Ultrasound exam follow-up	4,326	\$182,108	0%	0%	72%	30-RADIOLOGY (52%)	34-UROLOGY (32%)	92-RAD ONCOLOGY (8%)
76986-Echo exam at surgery	4,389	\$285,088	0%	0%	1%	30-RADIOLOGY (53%)	06-CARDIOLOGY (7%)	18-OPHTHALMOLOGY (3%)
93875-Extracranial study	335,921	\$18,998,533	4%	0%	52%	30-RADIOLOGY (18%)	95-PHYSIOL LAB (12%)	02-GNRL SURGERY (5%)
93880-Extracranial study	1,370,397	\$134,622,704	26%	0%	36%	30-RADIOLOGY (36%)	02-GNRL SURGERY (12%)	13-NEUROLOGY (11%)
93882-Extracranial study	35,253	\$3,880,518	1%	0%	54%	30-RADIOLOGY (20%)	02-GNRL SURGERY (17%)	06-CARDIOLOGY (10%)
93886-Intracranial study	56,186	\$6,046,506	1%	0%	52%	13-NEUROLOGY (42%)	30-RADIOLOGY (11%)	13-NEUROLOGY (15%)
93888-Intracranial study	13,189	\$1,357,849	0%	0%	58%	13-NEUROLOGY (28%)	95-PHYSIOL LAB (17%)	70-GROUP PRAC (8%)
93922-Extremity study	.	.	.	.	.	(.)	(.)	30-RADIOLOGY (12%)
93923-Extremity study	.	.	.	.	.	(.)	(.)	(.)
93924-Extremity study	.	.	.	.	.	(.)	(.)	(.)
93925-Lower extremity study	173,157	\$17,785,005	3%	0%	59%	30-RADIOLOGY (22%)	95-PHYSIOL LAB (16%)	02-GNRL SURGERY (14%)
93926-Lower extremity study	35,421	\$2,570,711	1%	1%	51%	02-GNRL SURGERY (27%)	30-RADIOLOGY (22%)	77-VASCULAR SURG (20%)
93930-Upper extremity study	31,499	\$2,582,927	1%	1%	66%	06-CARDIOLOGY (20%)	95-PHYSIOL LAB (16%)	30-RADIOLOGY (14%)
93931-Upper extremity study	12,156	\$922,411	0%	0%	59%	77-VASCULAR SURG (21%)	30-RADIOLOGY (13%)	33-THORACIC SURG (13%)
93965-Extremity study	332,529	\$18,388,210	4%	0%	48%	30-RADIOLOGY (19%)	02-GNRL SURGERY (16%)	11-INTERNAL MED (12%)
93970-Extremity study	506,209	\$34,691,720	7%	0%	27%	30-RADIOLOGY (38%)	02-GNRL SURGERY (18%)	77-VASCULAR SURG (8%)
93971-Extremity study	101,864	\$4,127,404	1%	1%	20%	30-RADIOLOGY (59%)	02-GNRL SURGERY (13%)	77-VASCULAR SURG (7%)
93975-Vascular study	33,570	\$3,801,154	1%	1%	31%	30-RADIOLOGY (56%)	02-GNRL SURGERY (8%)	70-GROUP PRAC (6%)
93976-Vascular study	6,855	\$486,689	0%	0%	29%	30-RADIOLOGY (76%)	70-GROUP PRAC (4%)	77-VASCULAR SURG (3%)
93978-Vascular study	41,702	\$4,777,035	1%	0%	70%	02-GNRL SURGERY (19%)	30-RADIOLOGY (16%)	77-VASCULAR SURG (14%)
93979-Vascular study	11,070	\$989,436	0%	0%	63%	30-RADIOLOGY (22%)	77-VASCULAR SURG (16%)	02-GNRL SURGERY (16%)
93980-Penile vascular study	2,631	\$402,522	0%	0%	81%	30-RADIOLOGY (67%)	30-RADIOLOGY (15%)	02-GNRL SURGERY (5%)
93981-Penile vascular study	251	\$25,517	0%	0%	90%	34-UROLOGY (79%)	30-RADIOLOGY (7%)	11-INTERNAL MED (4%)
93990-Doppler flow testing	.	.	.	.	.	(.)	(.)	(.)
616-Myelography and Diskography								
Family Medicare Charges: \$19,527,368								
Family Private Payments: \$791,054								
62284-Injection for myelogram	88,404	\$13,385,143	69%	80%	7%	30-RADIOLOGY (60%)	14-NEUROSURGERY (22%)	70-GROUP PRAC (5%)
62290-Inject for spine disk x-ray	3,861	\$475,943	2%	5%	15%	30-RADIOLOGY (42%)	20-ORTHOPEID SURG (33%)	05-ANESTHESIA (12%)
62291-Inject for spine disk x-ray	914	\$113,537	1%	2%	19%	30-RADIOLOGY (35%)	05-ANESTHESIA (31%)	20-ORTHOPEID SURG (17%)
70010-Contrast x-ray of brain	420	\$17,174	0%	1%	10%	30-RADIOLOGY (82%)	01-OB-GP/FP (4%)	11-INTERNAL MED (2%)
70015-Contrast x-ray of brain	409	\$22,911	0%	0%	26%	30-RADIOLOGY (71%)	66-RHEUMATOLOGY (9%)	01-OB-GP/FP (7%)
72240-Contrast x-ray of neck spine	14,568	\$858,875	4%	3%	9%	30-RADIOLOGY (90%)	70-GROUP PRAC (2%)	11-INTERNAL MED (2%)
72255-Contrast x-ray thorax spine	3,202	\$179,429	1%	0%	8%	30-RADIOLOGY (89%)	05-ANESTHESIA (4%)	94-INTERVEN RAD (2%)
72265-Contrast x-ray lower spine	68,620	\$3,637,869	19%	7%	8%	30-RADIOLOGY (91%)	70-GROUP PRAC (3%)	14-NEUROSURGERY (1%)

Procedure

First Specialty

Second Specialty

Third Specialty

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDchs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
72270-Contrast x-ray of spine	\$593,399	7,498	XXX	3%	2%	6%	30-RADIOLOGY (88%)	70-GROUP PRAC (5%)	14-NEUROSURGERY (4%)
72285-X-ray of neck spine disk	\$45,765	642	XXX	0%	.	25%	30-RADIOLOGY (73%)	05-ANESTHESIA (12%)	11-INTERNAL MED (4%)
72295-X-ray of lower spine disk	\$197,323	2,820	XXX	1%	.	16%	30-RADIOLOGY (83%)	20-ORTHOPEDE SURG (5%)	70-GROUP PRAC (3%)

620-Miscellaneous Radiological Procedures with Contrast

Family Medicare Charges: \$52,577,577
 Family Private Payments: \$1,978,468
 Percent of CPEP Medicare Charges: 1%
 Percent of CPEP Private Payments: 2%

19030-Injection for breast x-ray	\$55,166	911	000	0%	.	34%	30-RADIOLOGY (93%)	70-GROUP PRAC (3%)	02-GNRL SURGERY (1%)
20501-Inject sinus tract for x-ray	\$479,007	14,799	000	1%	0%	4%	30-RADIOLOGY (90%)	70-GROUP PRAC (5%)	94-INTERVEN RAD (3%)
21116-Injection, jaw joint x-ray	\$15,005	334	000	0%	.	35%	30-RADIOLOGY (62%)	19-ORAL SURGERY (19%)	04-OTOLARYNG (7%)
23350-Injection for shoulder x-ray	\$1,367,024	26,212	000	3%	1%	24%	30-RADIOLOGY (91%)	20-ORTHOPEDE SURG (3%)	70-GROUP PRAC (2%)
24220-Injection for elbow x-ray	\$4,541	87	000	0%	.	24%	30-RADIOLOGY (89%)	11-INTERNAL MED (10%)	01,08-GP/FP (9%)
25246-Injection for wrist x-ray	\$23,038	418	000	0%	.	23%	30-RADIOLOGY (86%)	20-ORTHOPEDE SURG (3%)	01,08-GP/FP (2%)
27095-Injection for hip x-ray	\$432,861	6,064	000	1%	0%	17%	30-RADIOLOGY (70%)	20-ORTHOPEDE SURG (24%)	94-INTERVEN RAD (3%)
27095-Injection for hip x-ray	\$97,749	1,165	000	0%	.	10%	30-RADIOLOGY (63%)	20-ORTHOPEDE SURG (32%)	94-INTERVEN RAD (3%)
27370-Injection for knee x-ray	\$246,627	4,795	000	0%	0%	35%	30-RADIOLOGY (84%)	01,08-GP/FP (6%)	20-ORTHOPEDE SURG (4%)
27648-Injection for ankle x-ray	\$6,977	143	000	0%	.	23%	30-RADIOLOGY (78%)	48-PODIATRY (8%)	20-ORTHOPEDE SURG (6%)
36005-Injection, venography	\$1,242,557	29,891	000	2%	.	5%	30-RADIOLOGY (86%)	36-NUCLEAR MED (5%)	70-GROUP PRAC (2%)
38790-Injection for lymphatic x-ray	\$47,054	343	000	0%	.	3%	30-RADIOLOGY (85%)	70-GROUP PRAC (10%)	94-INTERVEN RAD (2%)
42550-Injection for salivary x-ray	\$103,947	2,267	000	0%	0%	21%	30-RADIOLOGY (91%)	70-GROUP PRAC (3%)	01,08-GP/FP (2%)
47500-Injection for liver x-rays	\$964,487	10,778	000	2%	0%	1%	30-RADIOLOGY (87%)	94-INTERVEN RAD (4%)	70-GROUP PRAC (4%)
50394-Injection for kidney x-ray	\$1,283,433	24,714	000	2%	1%	9%	30-RADIOLOGY (77%)	34-UROLOGY (13%)	70-GROUP PRAC (3%)
50684-Injection for ureter x-ray	\$107,950	3,659	000	0%	.	8%	34-UROLOGY (68%)	30-RADIOLOGY (29%)	70-GROUP PRAC (3%)
50690-Injection for ureter x-ray	\$153,697	3,892	000	0%	0%	21%	30-RADIOLOGY (47%)	30-RADIOLOGY (6%)	01,08-GP/FP (7%)
51600-Injection for bladder x-ray	\$1,109,012	37,338	000	2%	1%	4%	30-RADIOLOGY (65%)	34-UROLOGY (29%)	70-GROUP PRAC (3%)
51605-Preparation for bladder x-ray	\$33,350	942	000	0%	.	14%	30-RADIOLOGY (59%)	34-UROLOGY (27%)	16-08-GYNECOLOGY (5%)
51610-Injection for bladder x-ray	\$356,549	9,894	000	1%	0%	22%	34-UROLOGY (52%)	30-RADIOLOGY (39%)	70-GROUP PRAC (3%)
54230-Prepare penis study	\$66,272	852	000	0%	0%	58%	34-UROLOGY (89%)	30-RADIOLOGY (6%)	70-GROUP PRAC (2%)
58340-Inject for uterus/tube x-ray	\$19,502	371	000	0%	9%	26%	30-RADIOLOGY (52%)	16-08-GYNECOLOGY (43%)	70-GROUP PRAC (3%)
58345-Reopen fallopian tube	\$1,726	12	010	0%	.	17%	16-08-GYNECOLOGY (50%)	30-RADIOLOGY (17%)	01,08-GP/FP (8%)
61070-Brain canal shunt procedure	\$202,354	3,404	000	0%	1%	60%	14-NEUROSURGERY (29%)	83-HEMATOLOGY/ONCOL (25%)	82-HEMATOLOGY (17%)
68850-Injection for tear sac x-ray	\$18,345	410	000	0%	.	37%	30-RADIOLOGY (49%)	18-OPHTHALMOLOGY (42%)	36-NUCLEAR MED (4%)
70170-X-ray exam of tear duct	\$15,563	608	XXX	0%	.	32%	30-RADIOLOGY (79%)	20-ORTHOPEDE SURG (8%)	18-OPHTHALMOLOGY (7%)
70332-X-ray exam of jaw joint	\$24,069	491	XXX	0%	0%	34%	30-RADIOLOGY (75%)	19-ORAL SURGERY (13%)	04-OTOLARYNG (5%)
70371-Speech evaluation, complex	\$868,646	16,485	XXX	2%	0%	6%	30-RADIOLOGY (91%)	04-OTOLARYNG (3%)	13-NEUROLOGY (1%)
70373-Contrast x-ray of larynx	\$10,269	418	XXX	0%	.	11%	30-RADIOLOGY (88%)	11-INTERNAL MED (11%)	01,08-GP/FP (1%)
70390-X-ray exam of salivary duct	\$84,704	2,827	XXX	0%	.	19%	30-RADIOLOGY (92%)	70-GROUP PRAC (3%)	04-OTOLARYNG (1%)
71040-Contrast x-ray of bronchi	\$37,227	1,176	XXX	0%	0%	25%	30-RADIOLOGY (71%)	01,08-GP/FP (12%)	11-INTERNAL MED (9%)
71060-Contrast x-ray of bronchi	\$46,986	1,094	XXX	0%	.	10%	30-RADIOLOGY (87%)	01,08-GP/FP (6%)	11-INTERNAL MED (2%)
73040-Contrast x-ray of shoulder	\$1,334,709	30,252	XXX	3%	1%	27%	30-RADIOLOGY (90%)	20-ORTHOPEDE SURG (4%)	70-GROUP PRAC (2%)
73085-Contrast x-ray of elbow	\$10,425	247	XXX	0%	.	52%	30-RADIOLOGY (37%)	01,08-GP/FP (29%)	11-INTERNAL MED (9%)
73115-Contrast x-ray of wrist	\$44,965	1,089	XXX	0%	0%	52%	30-RADIOLOGY (48%)	01,08-GP/FP (20%)	20-ORTHOPEDE SURG (12%)
73525-Contrast x-ray of hip	\$263,739	6,815	XXX	1%	.	17%	30-RADIOLOGY (82%)	20-ORTHOPEDE SURG (7%)	70-GROUP PRAC (4%)
73580-Contrast x-ray of knee joint	\$335,419	6,307	XXX	1%	0%	40%	30-RADIOLOGY (78%)	20-ORTHOPEDE SURG (8%)	01,08-GP/FP (5%)
73615-Contrast x-ray of ankle	\$44,542	1,081	XXX	0%	0%	49%	30-RADIOLOGY (43%)	48-PODIATRY (15%)	01,08-GP/FP (13%)
74190-X-ray exam of peritoneum	.	.	XXX	0%	.	.	(.)	(.)	(.)
74300-X-ray bile ducts, pancreas	\$1,646,634	85,669	XXX	3%	2%	0%	30-RADIOLOGY (97%)	70-GROUP PRAC (1%)	94-INTERVEN RAD (1%)
74301-Additional x-rays at surgery	\$35,200	3,128	XXX	0%	0%	0%	30-RADIOLOGY (94%)	02-GNRL SURGERY (3%)	70-GROUP PRAC (2%)
74305-X-ray bile ducts, pancreas	\$786,027	33,045	XXX	1%	1%	4%	30-RADIOLOGY (93%)	70-GROUP PRAC (3%)	94-INTERVEN RAD (2%)
74320-Contrast x-ray of bile ducts	\$436,947	13,988	XXX	1%	.	1%	30-RADIOLOGY (90%)	70-GROUP PRAC (4%)	94-INTERVEN RAD (4%)
74400-Contrast x-ray urinary tract	\$9,291,294	239,268	XXX	18%	27%	25%	30-RADIOLOGY (83%)	34-UROLOGY (12%)	70-GROUP PRAC (2%)

First Speciality Second Speciality Third Speciality

74405-Contrast x-ray urinary tract	14,635	1%	3%	40%	30-RADIOLOGY (71%)	34-UROLOGY (21%)	70-GROUP PRAC (3%)
74410-Contrast x-ray urinary tract	49,803	4%	6%	27%	30-RADIOLOGY (79%)	34-UROLOGY (16%)	70-GROUP PRAC (3%)
74415-Contrast x-ray urinary tract	333,183	27%	35%	26%	30-RADIOLOGY (89%)	34-UROLOGY (6%)	70-GROUP PRAC (2%)
74420-Contrast x-ray urinary tract	\$2,589,425	5%	2%	6%	30-RADIOLOGY (86%)	34-UROLOGY (9%)	70-GROUP PRAC (3%)
74425-Contrast x-ray urinary tract	\$703,187	32,176	0%	8%	30-RADIOLOGY (86%)	34-UROLOGY (7%)	70-GROUP PRAC (3%)
74430-Contrast x-ray of bladder	\$1,050,509	47,277	2%	18%	30-RADIOLOGY (81%)	34-UROLOGY (13%)	70-GROUP PRAC (3%)
74440-Xray exam male genital tract	\$3,068	95	0%	3%	30-RADIOLOGY (13%)	34-UROLOGY (7%)	01-08-GP/FP (7%)
74445-X-ray exam of penis	\$30,524	484	0%	19%	30-RADIOLOGY (62%)	30-RADIOLOGY (36%)	02-GNRL SURGERY (1%)
74450-X-ray exam urethra/bladder	\$374,525	14,794	0%	18%	30-RADIOLOGY (77%)	34-UROLOGY (17%)	70-GROUP PRAC (2%)
74455-X-ray exam urethra/bladder	\$714,214	24,281	1%	25%	30-RADIOLOGY (76%)	34-UROLOGY (19%)	70-GROUP PRAC (4%)
74740-X-ray female genital tract	\$15,310	533	0%	3%	30-RADIOLOGY (91%)	70-GROUP PRAC (5%)	16-08-GYNECOLOGY (3%)
74742-X-ray fallopian tube	\$248	7	0%	14%	30-RADIOLOGY (100%)	(.)	(.)
74775-X-ray exam of perineum	\$2,691	59	0%	27%	30-RADIOLOGY (76%)	16-08-GYNECOLOGY (14%)	70-GROUP PRAC (5%)
75801-Lymph vessel x-ray, arm/leg	\$1,688	33	0%	0%	30-RADIOLOGY (97%)	91-SURG ONCOLOGY (3%)	(.)
75803-Lymph vessel x-ray, arms/legs	\$5,638	67	0%	13%	30-RADIOLOGY (90%)	94-INTERVEN RAD (7%)	11-INTERNAL MED (1%)
75805-Lymph vessel x-ray, trunk	\$11,027	213	0%	3%	30-RADIOLOGY (86%)	70-GROUP PRAC (1%)	16-08-GYNECOLOGY (0%)
75807-Lymph vessel x-ray, trunk	\$18,013	242	0%	4%	30-RADIOLOGY (97%)	94-INTERVEN RAD (2%)	70-GROUP PRAC (1%)
75820-Vein x-ray, arm/leg	\$2,941,052	75,154	6%	1%	4%	30-RADIOLOGY (93%)	70-GROUP PRAC (3%)
75822-Vein x-ray, arms/legs	\$347,422	5,854	1%	3%	30-RADIOLOGY (93%)	70-GROUP PRAC (3%)	94-INTERVEN RAD (2%)
75898-Follow-up angiogram	\$2,072,467	22,869	4%	1%	1%	30-RADIOLOGY (81%)	94-INTERVEN RAD (5%)
76075-Dual energy x-ray study	\$619,429	19,763	1%	5%	(.)	(.)	(.)
76080-X-ray exam of fistula	\$38,284	920	0%	32%	30-RADIOLOGY (92%)	70-GROUP PRAC (3%)	94-INTERVEN RAD (3%)
76086-X-ray of mammary duct	\$15,504	355	0%	15%	30-RADIOLOGY (85%)	01-08-GP/FP (10%)	95-PHYSIOL LAB (4%)
76088-X-ray of mammary ducts							

624-Computerized Axial Tomography

Family Medicare Charges: \$576,215,569
Family Private Payments: \$12,345,802

Percent of CPEP Medicare Charges: 14%
Percent of CPEP Private Payments: 11%

70450-CAT scan of head or brain	\$89,485,900	1,657,425	16%	10%	5%	30-RADIOLOGY (93%)	70-GROUP PRAC (3%)	13-NEUROLOGY (1%)
70460-Contrast CAT scan of head	\$10,285,145	129,016	2%	4%	11%	30-RADIOLOGY (89%)	70-GROUP PRAC (7%)	13-NEUROLOGY (1%)
70470-Contrast CAT scans of head	\$56,387,549	635,002	10%	12%	10%	30-RADIOLOGY (94%)	70-GROUP PRAC (2%)	13-NEUROLOGY (1%)
70480-CAT scan of skull	\$6,228,348	67,586	1%	2%	17%	30-RADIOLOGY (95%)	70-GROUP PRAC (2%)	13-NEUROLOGY (2%)
70481-Contrast CAT scan of skull	\$2,395,785	20,886	0%	1%	24%	30-RADIOLOGY (92%)	70-GROUP PRAC (5%)	13-NEUROLOGY (1%)
70482-Contrast CAT scans of skull	\$2,116,833	19,225	0%	1%	17%	30-RADIOLOGY (93%)	70-GROUP PRAC (3%)	13-NEUROLOGY (1%)
70486-CAT scan of face, jaw	\$10,471,265	105,951	2%	7%	28%	30-RADIOLOGY (94%)	70-GROUP PRAC (2%)	01-OTOLARYNG (1%)
70487-Contrast CAT scan, face/jaw	\$736,563	7,484	0%	0%	17%	30-RADIOLOGY (90%)	70-GROUP PRAC (6%)	01-08-GP/FP (1%)
70488-Contrast CAT scans face/jaw	\$340,843	3,278	0%	0%	15%	30-RADIOLOGY (96%)	04-OTOLARYNG (2%)	70-GROUP PRAC (1%)
70490-CAT scan of neck tissue	\$1,814,269	18,231	0%	0%	20%	30-RADIOLOGY (94%)	70-GROUP PRAC (2%)	01-08-GP/FP (1%)
70491-Contrast CAT of neck tissue	\$6,085,834	56,439	1%	1%	19%	30-RADIOLOGY (94%)	70-GROUP PRAC (2%)	01-08-GP/FP (1%)
70492-Contrast CAT of neck tissue	\$908,655	7,308	0%	0%	21%	30-RADIOLOGY (97%)	70-GROUP PRAC (1%)	94-INTERVEN RAD (1%)
71250-Cat scan of chest	\$26,600,849	284,730	5%	3%	16%	30-RADIOLOGY (94%)	70-GROUP PRAC (3%)	01-08-GP/FP (0%)
71260-Contrast CAT scan of chest	\$43,164,507	456,582	7%	7%	15%	30-RADIOLOGY (94%)	70-GROUP PRAC (3%)	94-INTERVEN RAD (1%)
71270-Contrast CAT scans of chest	\$7,103,979	62,660	1%	1%	15%	30-RADIOLOGY (96%)	70-GROUP PRAC (1%)	01-08-GP/FP (1%)
72125-CAT scan of neck spine	\$4,700,904	51,053	1%	2%	16%	30-RADIOLOGY (92%)	70-GROUP PRAC (3%)	13-NEUROLOGY (1%)
72126-Contrast CAT scan of neck	\$1,177,965	14,091	0%	0%	7%	30-RADIOLOGY (94%)	70-GROUP PRAC (2%)	94-INTERVEN RAD (1%)
72127-Contrast CAT scans of neck	\$111,602	1,298	0%	0%	9%	30-RADIOLOGY (96%)	70-GROUP PRAC (1%)	01-08-GP/FP (1%)
72128-CAT scan of thorax spine	\$1,645,702	18,536	0%	0%	14%	30-RADIOLOGY (93%)	70-GROUP PRAC (3%)	94-INTERVEN RAD (1%)
72129-Contrast CAT scan of thorax	\$349,062	4,165	0%	0%	8%	30-RADIOLOGY (91%)	70-GROUP PRAC (3%)	94-INTERVEN RAD (1%)
72130-Contrast CAT scans of thorax	\$102,260	1,027	0%	0%	16%	30-RADIOLOGY (95%)	02-GNRL SURGERY (2%)	70-GROUP PRAC (3%)
72131-CAT scan of lower spine	\$23,033,063	232,684	4%	9%	21%	30-RADIOLOGY (92%)	70-GROUP PRAC (3%)	13-NEUROLOGY (1%)
72132-Contrast CAT of lower spine	\$3,006,456	36,966	1%	1%	8%	30-RADIOLOGY (94%)	70-GROUP PRAC (2%)	94-INTERVEN RAD (1%)

Procedure

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Vol. in	Pct. of Family Alldchgs	Pct. of PrivPmts	Pct. of OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
72133-Contrast CAT scans, low spine	\$433,030	4,499	XXX	0%	0%	12%	30-RADIOLOGY (96%)	70-GROUP PRAC (1%)	13-NEUROLOGY (1%)
72192-CAT scan of pelvis	\$23,686,446	282,396	XXX	4%	2%	15%	30-RADIOLOGY (94%)	70-GROUP PRAC (3%)	01,08-GP/FP (1%)
72193-Contrast CAT scan of pelvis	\$58,027,152	648,071	XXX	10%	7%	13%	30-RADIOLOGY (95%)	70-GROUP PRAC (3%)	94-INTERVEN RAD (1%)
72194-Contrast CAT scans of pelvis	\$6,122,213	59,156	XXX	1%	0%	15%	30-RADIOLOGY (96%)	70-GROUP PRAC (1%)	01,08-GP/FP (1%)
73200-CAT scan of arm	\$755,061	8,735	XXX	0%	0%	18%	30-RADIOLOGY (93%)	70-GROUP PRAC (3%)	20-ORTHOPEDE SURG (1%)
73201-Contrast CAT scan of arm	\$133,091	1,487	XXX	0%	0%	14%	30-RADIOLOGY (96%)	70-GROUP PRAC (3%)	01,08-GP/FP (1%)
73202-Contrast CAT scans of arm	\$58,953	568	XXX	0%	0%	19%	30-RADIOLOGY (93%)	70-GROUP PRAC (2%)	01,08-GP/FP (2%)
73700-CAT scan of leg	\$1,737,620	20,763	XXX	0%	1%	16%	30-RADIOLOGY (94%)	70-GROUP PRAC (3%)	20-ORTHOPEDE SURG (1%)
73701-Contrast CAT scan of leg	\$223,838	2,869	XXX	0%	0%	8%	30-RADIOLOGY (93%)	70-GROUP PRAC (5%)	01,08-GP/FP (1%)
73702-Contrast CAT scans of leg	\$109,641	1,147	XXX	0%	0%	14%	30-RADIOLOGY (90%)	70-GROUP PRAC (6%)	01,08-GP/FP (1%)
74150-CAT scan of abdomen	\$30,238,949	356,701	XXX	5%	3%	11%	30-RADIOLOGY (94%)	70-GROUP PRAC (3%)	01,08-GP/FP (1%)
74160-Contrast CAT scan of abdomen	\$82,685,119	884,712	XXX	14%	12%	12%	30-RADIOLOGY (94%)	70-GROUP PRAC (3%)	94-INTERVEN RAD (1%)
74170-Contrast CAT scans, abdomen	\$57,640,493	494,130	XXX	10%	8%	16%	30-RADIOLOGY (96%)	70-GROUP PRAC (1%)	94-INTERVEN RAD (1%)
76070-CT scan, bone density study	\$712,164	13,307	XXX	0%	0%	45%	30-RADIOLOGY (79%)	66-RHEUMATOLOGY (4%)	11-INTERNAL MED (4%)
76355-CAT scan for localization	\$515,109	4,829	XXX	0%	0%	44%	30-RADIOLOGY (84%)	02-GNRL SURGERY (5%)	70-GROUP PRAC (2%)
76360-CAT scan for needle biopsy	\$6,618,634	92,007	XXX	1%	0%	4%	30-RADIOLOGY (94%)	70-GROUP PRAC (3%)	94-INTERVEN RAD (2%)
76365-CAT scan for cyst aspiration	\$601,233	8,921	XXX	0%	0%	3%	30-RADIOLOGY (94%)	70-GROUP PRAC (4%)	94-INTERVEN RAD (2%)
76370-CAT scan for therapy guide	\$2,300,280	36,022	XXX	0%	0%	29%	30-RADIOLOGY (70%)	92-RAD ONCOLOGY (23%)	70-GROUP PRAC (3%)
76375-CAT scans, other planes	\$3,604,672	95,191	XXX	1%	2%	27%	30-RADIOLOGY (94%)	70-GROUP PRAC (2%)	31-ROEN-RAD-OSTE (1%)
76380-CAT scan follow-up study	\$1,758,553	31,421	XXX	0%	0%	11%	30-RADIOLOGY (91%)	70-GROUP PRAC (6%)	11-INTERNAL MED (1%)

628-Magnetic Resonance Imaging

Family Medicare Charges: \$370,676,752
Family Private Payments: \$17,623,019

Percent of CPEP Medicare Charges: 9%
Percent of CPEP Private Payments: 16%

70336-Magnetic image jaw joint	\$439,960	1,808	XXX	0%	1%	55%	30-RADIOLOGY (91%)	95-PHYSTIOL LAB (3%)	70-GROUP PRAC (2%)
70540-Magnetic image, face, neck	\$8,610,564	39,664	XXX	2%	1%	44%	30-RADIOLOGY (90%)	95-PHYSTIOL LAB (3%)	70-GROUP PRAC (2%)
70541-Magnetic image, head (MRA)			XXX				(.)	(.)	(.)
70551-Magnetic image, brain (MRI)	\$64,000,848	330,516	XXX	17%	21%	38%	30-RADIOLOGY (88%)	13-NEUROLOGY (4%)	70-GROUP PRAC (3%)
70552-Magnetic image, brain (MRI)	\$10,887,223	64,119	XXX	3%	11%	22%	30-RADIOLOGY (90%)	13-NEUROLOGY (4%)	70-GROUP PRAC (3%)
70553-Magnetic image, brain	\$97,010,969	253,870	XXX	26%		38%	30-RADIOLOGY (90%)	13-NEUROLOGY (2%)	70-GROUP PRAC (2%)
71550-Magnetic image, chest	\$2,284,465	10,199	XXX	1%	0%	43%	30-RADIOLOGY (89%)	70-GROUP PRAC (3%)	95-PHYSTIOL LAB (2%)
71555-Magnetic imaging/chest (MRA)			XXX				(.)	(.)	(.)
72141-Magnetic image, neck spine	\$27,460,117	124,975	XXX	7%	14%	43%	30-RADIOLOGY (89%)	13-NEUROLOGY (3%)	70-GROUP PRAC (3%)
72142-Magnetic image, neck spine	\$915,991	5,229	XXX	0%	1%	22%	30-RADIOLOGY (89%)	70-GROUP PRAC (4%)	13-NEUROLOGY (2%)
72146-Magnetic image, chest spine	\$9,546,899	46,044	XXX	3%	2%	38%	30-RADIOLOGY (90%)	70-GROUP PRAC (2%)	95-PHYSTIOL LAB (2%)
72147-Magnetic image, chest spine	\$816,283	4,638	XXX	0%	0%	22%	30-RADIOLOGY (89%)	70-GROUP PRAC (5%)	95-PHYSTIOL LAB (2%)
72148-Magnetic image, lumbar spine	\$60,754,618	253,439	XXX	16%	20%	46%	30-RADIOLOGY (90%)	95-PHYSTIOL LAB (2%)	70-GROUP PRAC (2%)
72149-Magnetic image, lumbar spine	\$3,109,130	16,756	XXX	1%	3%	27%	30-RADIOLOGY (91%)	70-GROUP PRAC (3%)	13-NEUROLOGY (2%)
72156-Magnetic image, neck spine	\$5,171,887	12,994	XXX	1%		40%	30-RADIOLOGY (89%)	95-PHYSTIOL LAB (3%)	70-GROUP PRAC (2%)
72157-Magnetic image, chest spine	\$4,306,807	12,222	XXX	1%		35%	30-RADIOLOGY (91%)	70-GROUP PRAC (3%)	95-PHYSTIOL LAB (2%)
72158-Magnetic image, lumbar spine	\$24,131,985	55,697	XXX	7%		46%	30-RADIOLOGY (90%)	95-PHYSTIOL LAB (3%)	70-GROUP PRAC (2%)
72159-Magnetic imaging/spine (MRA)			XXX				(.)	(.)	(.)
72196-Magnetic image, pelvis	\$8,274,370	35,586	XXX	2%	2%	45%	30-RADIOLOGY (92%)	95-PHYSTIOL LAB (2%)	70-GROUP PRAC (2%)
72198-Magnetic imaging/pelvis(MRA)			XXX				(.)	(.)	(.)
73220-Magnetic image, arm, hand	\$2,357,934	10,653	XXX	1%	2%	44%	30-RADIOLOGY (92%)	95-PHYSTIOL LAB (2%)	70-GROUP PRAC (2%)
73221-Magnetic imaging/upper (MRA)	\$9,093,661	37,800	XXX	2%	4%	55%	30-RADIOLOGY (91%)	95-PHYSTIOL LAB (3%)	70-GROUP PRAC (2%)
73225-Magnetic imaging/upper (MRA)			XXX				(.)	(.)	(.)
73720-Magnetic image, leg, foot	\$5,842,598	27,016	XXX	2%	4%	42%	30-RADIOLOGY (90%)	70-GROUP PRAC (2%)	95-PHYSTIOL LAB (2%)
73721-Magnetic image, joint of leg	\$19,848,848	82,435	XXX	5%	13%	54%	30-RADIOLOGY (91%)	95-PHYSTIOL LAB (3%)	70-GROUP PRAC (2%)
73725-Magnetic imaging/tower (MRA)			XXX				(.)	(.)	(.)
74181-Magnetic image, abdomen (MRI)	\$5,637,642	24,073	XXX	2%	1%	45%	30-RADIOLOGY (91%)	70-GROUP PRAC (3%)	95-PHYSTIOL LAB (2%)

Family Private Payments: \$1,213,329 Percent of CPEP Private Payments: 1%

Procedure	1993 MC Allowed Charges	1993 MC Services of Global Period	Pct. of Family AlltdChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)
36010-Place catheter in vein	\$12,461,763	74,707	6%	18%	1%	02-GHRL SURGERY (24%) 30-RADIOLOGY (53%) 02-GHRL SURGERY (18%)
36011-Place catheter in vein	\$949,106	8,222	0%	0%	2%	02-GHRL SURGERY (8%) 93-EMERGENCY MED (7%) 70-GROUP PRAC (5%)
36012-Place catheter in vein	\$313,575	2,419	0%	0%	1%	94-INTERVEN RAD (8%) 06-CARDIOLOGY (23%) 70-GROUP PRAC (5%)
36013-Place catheter in artery	\$485,051	3,086	0%	0%	0%	06-CARDIOLOGY (23%) 70-GROUP PRAC (5%) 94-INTERVEN RAD (4%)
36015-Place catheter in artery	\$1,710,571	11,898	1%	0%	0%	94-INTERVEN RAD (4%) 70-GROUP PRAC (3%) 77-VASCULAR SURG (13%)
36015-Place catheter in artery	\$372,708	2,171	0%	0%	2%	06-CARDIOLOGY (17%) 05-ANESTHESIA (7%) 05-ANESTHESIA (12%)
36100-Establish access to artery	\$963,334	6,554	0%	3%	1%	06-CARDIOLOGY (14%) 05-ANESTHESIA (12%) 02-GHRL SURGERY (4%)
36120-Establish access to artery	\$503,966	4,027	0%	1%	2%	06-CARDIOLOGY (14%) 05-ANESTHESIA (12%) 02-GHRL SURGERY (4%)
36140-Establish access to artery	\$6,205,092	50,929	2%	7%	1%	01-08-GP/FP (5%) 05-ANESTHESIA (13%) 02-GHRL SURGERY (4%)
36145-Artery to vein shunt	\$4,810,413	29,966	3%	0%	10%	01-08-GP/FP (5%) 05-ANESTHESIA (13%) 02-GHRL SURGERY (4%)
36160-Establish access to aorta	\$557,312	3,442	0%	0%	1%	02-GHRL SURGERY (18%) 77-VASCULAR SURG (16%) 70-GROUP PRAC (3%)
36200-Place catheter in aorta	\$28,779,536	161,177	16%	19%	2%	06-CARDIOLOGY (7%) 70-GROUP PRAC (4%) 70-GROUP PRAC (4%)
36215-Place catheter in artery	\$15,429,096	107,980	7%	6%	2%	06-CARDIOLOGY (5%) 70-GROUP PRAC (4%) 70-GROUP PRAC (4%)
36216-Place catheter in artery	\$21,316,734	104,998	10%	0%	1%	06-CARDIOLOGY (6%) 70-GROUP PRAC (4%) 70-GROUP PRAC (4%)
36217-Place catheter in artery	\$3,778,593	15,307	2%	0%	1%	06-CARDIOLOGY (10%) 70-GROUP PRAC (5%) 70-GROUP PRAC (5%)
36218-Place catheter in artery	\$1,210,259	10,874	1%	0%	1%	06-CARDIOLOGY (6%) 70-GROUP PRAC (4%) 70-GROUP PRAC (4%)
36245-Place catheter in artery	\$10,780,071	58,035	5%	3%	1%	06-CARDIOLOGY (14%) 94-INTERVEN RAD (3%) 94-INTERVEN RAD (4%)
36246-Place catheter in artery	\$4,445,843	23,071	2%	0%	1%	06-CARDIOLOGY (10%) 94-INTERVEN RAD (4%) 94-INTERVEN RAD (4%)
36247-Place catheter in artery	\$2,856,938	14,460	1%	0%	1%	06-CARDIOLOGY (7%) 94-INTERVEN RAD (5%) 70-GROUP PRAC (7%)
36248-Place catheter in artery	\$492,851	4,294	0%	0%	2%	06-CARDIOLOGY (17%) 70-GROUP PRAC (7%) 02-GHRL SURGERY (11%)
36481-Insertion catheter, vein	\$357,012	1,571	0%	0%	17%	83-HEMATOL/ONCOL (16%) 29-PULMONARY DIS (4%) 06-CARDIOLOGY (3%)
36620-Insertion catheter, artery	\$27,606,563	581,837	13%	31%	0%	05-ANESTHESIA (81%) 05-ANESTHESIA (70%) 33-THORACIC SURG (6%)
36625-Insertion catheter, artery	\$1,232,701	17,555	0%	3%	0%	05-ANESTHESIA (33%) 05-ANESTHESIA (8%) 02-GHRL SURGERY (4%)
36640-Insertion catheter, artery	\$150,359	1,082	0%	1%	6%	94-INTERVEN RAD (5%) 11-INTERNAL MED (3%) 02-GHRL SURGERY (4%)
38200-Injection for spleen x-ray	\$7,558	1,799	0%	0%	0%	11-INTERNAL MED (3%) 30-RADIOLOGY (15%) 06-CARDIOLOGY (43%)
38794-Access thoracic lymph duct	\$6,146	94	0%	0%	0%	06-CARDIOLOGY (43%) 94-INTERVEN RAD (3%) 70-GROUP PRAC (3%)
75600-Contrast x-ray exam of aorta	\$185,233	5,843	0%	0%	1%	30-RADIOLOGY (70%) 06-CARDIOLOGY (46%) 06-CARDIOLOGY (46%)
75605-Contrast x-ray exam of aorta	\$2,122,113	29,628	1%	1%	2%	30-RADIOLOGY (43%) 06-CARDIOLOGY (6%) 94-INTERVEN RAD (3%)
75625-Contrast x-ray exam of aorta	\$5,496,643	81,034	3%	0%	2%	30-RADIOLOGY (85%) 06-CARDIOLOGY (7%) 70-GROUP PRAC (3%)
75630-X-ray aorta, leg arteries	\$6,504,058	84,284	3%	2%	2%	06-CARDIOLOGY (7%) 70-GROUP PRAC (3%) 94-INTERVEN RAD (3%)
75650-Artery x-rays, head & neck	\$6,307,457	76,017	3%	0%	1%	30-RADIOLOGY (91%) 06-CARDIOLOGY (6%) 02-GHRL SURGERY (3%)
75658-X-ray exam of arm arteries	\$130,272	1,787	0%	0%	1%	30-RADIOLOGY (86%) 95-PHYSIOL LAB (15%) 70-GROUP PRAC (5%)
75660-Artery x-rays, head & neck	\$463,165	3,288	0%	0%	19%	30-RADIOLOGY (60%) 06-CARDIOLOGY (11%) 05-ANESTHESIA (11%)
75662-Artery x-rays, head & neck	\$489,022	4,670	0%	0%	5%	30-RADIOLOGY (72%) 70-GROUP PRAC (4%) 94-INTERVEN RAD (2%)
75665-Artery x-rays, head & neck	\$856,441	11,309	0%	1%	2%	30-RADIOLOGY (87%) 70-GROUP PRAC (3%) 94-INTERVEN RAD (3%)
75671-Artery x-rays, head & neck	\$6,811,092	73,197	3%	1%	2%	30-RADIOLOGY (90%) 70-GROUP PRAC (6%) 05-ANESTHESIA (2%)
75676-Artery x-rays, neck	\$604,352	8,238	0%	0%	1%	30-RADIOLOGY (85%) 94-INTERVEN RAD (3%) 70-GROUP PRAC (3%)
75680-Artery x-rays, neck	\$7,181,753	77,502	3%	0%	2%	30-RADIOLOGY (89%) 94-INTERVEN RAD (3%) 70-GROUP PRAC (3%)
75685-Artery x-rays, spine	\$3,444,472	46,892	2%	0%	2%	30-RADIOLOGY (90%) 70-GROUP PRAC (3%) 14-NEUROSURGERY (9%)
75705-Artery x-rays, spine	\$150,992	1,515	0%	0%	6%	05-ANESTHESIA (17%) 70-GROUP PRAC (4%) 06-CARDIOLOGY (4%)
75710-Artery x-rays, arm/leg	\$4,917,327	75,749	2%	1%	1%	30-RADIOLOGY (81%) 06-CARDIOLOGY (86%) 94-INTERVEN RAD (3%)
75716-Artery x-rays, arms/legs	\$4,261,012	55,458	2%	0%	2%	30-RADIOLOGY (86%) 06-CARDIOLOGY (10%) 94-INTERVEN RAD (5%)
75722-Artery x-rays, kidney	\$394,609	5,962	0%	0%	1%	30-RADIOLOGY (80%) 06-CARDIOLOGY (35%) 94-INTERVEN RAD (2%)
75724-Artery x-rays, kidneys	\$1,123,007	10,894	1%	0%	6%	30-RADIOLOGY (55%) 06-CARDIOLOGY (89%) 70-GROUP PRAC (4%)
75726-Artery x-rays, abdomen	\$1,535,559	24,199	1%	0%	0%	30-RADIOLOGY (89%) 70-GROUP PRAC (10%) 94-INTERVEN RAD (6%)
75731-Artery x-rays, adrenal gland	\$4,344	63	0%	0%	3%	30-RADIOLOGY (83%) 06-CARDIOLOGY (20%) 94-INTERVEN RAD (5%)
75733-Artery x-rays, adrenal glands	\$3,235	44	0%	0%	2%	30-RADIOLOGY (75%) 94-INTERVEN RAD (7%) 70-GROUP PRAC (4%)
75736-Artery x-rays, pelvis	\$928,496	13,559	0%	0%	2%	30-RADIOLOGY (85%) 06-CARDIOLOGY (9%) 05-ANESTHESIA (3%)
75741-Artery x-rays, lung	\$263,679	3,795	0%	0%	1%	30-RADIOLOGY (79%) 06-CARDIOLOGY (10%) 94-INTERVEN RAD (5%)
75743-Artery x-rays, lungs	\$749,649	8,318	0%	0%	0%	30-RADIOLOGY (80%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDchs	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty

75746-Artery x-rays, lung	\$33,731	518	XXX	0%	-	1%	30-RADIOLOGY (74%)	06-CARDIOLOGY (16%)	11-INTERNAL MED (3%)
75756-Artery x-rays, chest	\$1,825,057	26,282	XXX	1%	-	2%	06-CARDIOLOGY (87%)	11-INTERNAL MED (7%)	30-RADIOLOGY (3%)
75774-Artery x-ray, each vessel	\$824,558	36,126	XXX	0%	2%	2%	30-RADIOLOGY (73%)	06-CARDIOLOGY (12%)	94-INTERVEN RAD (5%)
75790-Visualize A-V shunt	\$2,753,641	27,709	XXX	1%	-	1%	30-RADIOLOGY (91%)	94-INTERVEN RAD (6%)	70-GROUP PRAC (2%)
75810-Vein x-ray, spleen/liver	\$8,145	133	XXX	0%	-	2%	30-RADIOLOGY (95%)	94-INTERVEN RAD (3%)	10-GASTROENTER (1%)
75825-Vein x-ray, trunk	\$803,860	12,700	XXX	0%	-	2%	30-RADIOLOGY (85%)	94-INTERVEN RAD (4%)	70-GROUP PRAC (4%)
75827-Vein x-ray, chest	\$480,220	7,556	XXX	0%	-	1%	30-RADIOLOGY (85%)	70-GROUP PRAC (5%)	94-INTERVEN RAD (5%)
75831-Vein x-ray, kidney	\$39,531	635	XXX	0%	-	1%	30-RADIOLOGY (90%)	94-INTERVEN RAD (4%)	70-GROUP PRAC (4%)
75833-Vein x-ray, kidneys	\$65,233	806	XXX	0%	-	1%	30-RADIOLOGY (89%)	94-INTERVEN RAD (3%)	06-CARDIOLOGY (3%)
75840-Vein x-ray, adrenal gland	\$2,691	45	XXX	0%	-	0%	30-RADIOLOGY (87%)	70-GROUP PRAC (4%)	88-UNKNOWN SUPPL (4%)
75842-Vein x-ray, adrenal glands	\$2,063	26	XXX	0%	-	0%	30-RADIOLOGY (73%)	70-GROUP PRAC (12%)	94-INTERVEN RAD (8%)
75860-Vein x-ray, neck	\$39,309	570	XXX	0%	-	4%	30-RADIOLOGY (7%)	13-NEUROLOGY (7%)	94-INTERVEN RAD (4%)
75870-Vein x-ray, skull	\$4,312	62	XXX	0%	-	2%	30-RADIOLOGY (79%)	94-INTERVEN RAD (8%)	13-NEUROLOGY (5%)
75872-Vein x-ray, skull	\$11,157	129	XXX	0%	-	21%	30-RADIOLOGY (72%)	36-UROLOGY (16%)	14-NEUROSURGERY (8%)
75880-Vein x-ray, eye socket	\$13,306	336	XXX	0%	-	1%	30-RADIOLOGY (94%)	94-INTERVEN RAD (2%)	14-NEUROSURGERY (1%)
75885-Vein x-ray, liver	\$80,819	941	XXX	0%	-	9%	30-RADIOLOGY (76%)	94-INTERVEN RAD (12%)	10-GASTROENTER (8%)
75887-Vein x-ray, liver	\$8,542	112	XXX	0%	-	1%	30-RADIOLOGY (88%)	94-INTERVEN RAD (5%)	36-NUCLEAR MED (3%)
75889-Vein x-ray, liver	\$58,617	950	XXX	0%	-	1%	30-RADIOLOGY (80%)	94-INTERVEN RAD (10%)	70-GROUP PRAC (6%)
75891-Vein x-ray, liver	\$15,810	260	XXX	0%	-	0%	30-RADIOLOGY (86%)	94-INTERVEN RAD (7%)	70-GROUP PRAC (6%)
75893-Venous sampling by catheter	\$169,499	4,626	XXX	0%	1%	4%	30-RADIOLOGY (78%)	29-PULMONARY DIS (9%)	94-INTERVEN RAD (4%)

644-Simple Diagnostic Nuclear Medicine

Family Medicare Charges: \$49,873,604
 Family Private Payments: \$1,043,657

Percent of CPEP Medicare Charges: 1%
 Percent of CPEP Private Payments: 1%

78000-Thyroid, single uptake	\$193,166	9,050	XXX	0%	1%	23%	30-RADIOLOGY (71%)	36-NUCLEAR MED (13%)	11-INTERNAL MED (6%)
78001-Thyroid, multiple uptakes	\$176,181	6,560	XXX	0%	0%	21%	30-RADIOLOGY (81%)	36-NUCLEAR MED (8%)	01-08-GP/FP (3%)
78003-Thyroid suppress/stimul	\$7,721	314	XXX	0%	0%	11%	30-RADIOLOGY (62%)	36-NUCLEAR MED (20%)	11-INTERNAL MED (6%)
78006-Thyroid, imaging with uptake	\$1,221,132	26,304	XXX	2%	6%	15%	30-RADIOLOGY (78%)	36-NUCLEAR MED (9%)	22-PATHOLOGY (3%)
78007-Thyroid, image, mult uptakes	\$1,018,472	21,002	XXX	2%	6%	15%	30-RADIOLOGY (82%)	36-NUCLEAR MED (7%)	70-GROUP PRAC (4%)
78010-Thyroid imaging	\$1,053,215	29,775	XXX	2%	6%	16%	30-RADIOLOGY (80%)	36-NUCLEAR MED (10%)	11-INTERNAL MED (4%)
78011-Thyroid imaging with flow	\$79,629	1,440	XXX	0%	-	21%	30-RADIOLOGY (82%)	36-NUCLEAR MED (9%)	22-PATHOLOGY (4%)
78102-Bone marrow imaging, ltd	\$35,661	835	XXX	0%	-	3%	30-RADIOLOGY (93%)	36-NUCLEAR MED (3%)	11-INTERNAL MED (2%)
78103-Bone marrow imaging, mult	\$63,550	766	XXX	0%	-	21%	30-RADIOLOGY (86%)	11-INTERNAL MED (5%)	46-ENDOCRINOLOGY (4%)
78110-Plasma volume, single	\$9,328	518	XXX	0%	-	12%	30-RADIOLOGY (51%)	36-NUCLEAR MED (32%)	20-ORTHOPED SURG (4%)
78111-Plasma volume, multiple	\$11,566	388	XXX	0%	-	14%	30-RADIOLOGY (57%)	36-NUCLEAR MED (14%)	11-INTERNAL MED (10%)
78120-Red cell mass, single	\$15,744	779	XXX	0%	-	6%	30-RADIOLOGY (64%)	36-NUCLEAR MED (20%)	22-PATHOLOGY (4%)
78121-Red cell mass, multiple	\$14,934	466	XXX	0%	-	10%	30-RADIOLOGY (50%)	36-NUCLEAR MED (27%)	11-INTERNAL MED (8%)
78160-Plasma iron turnover	\$280	12	XXX	0%	-	8%	30-RADIOLOGY (83%)	06-CARDIOLOGY (8%)	36-NUCLEAR MED (8%)
78162-Iron absorption exam	\$324	4	XXX	0%	-	50%	01-08-GP/FP (25%)	10-GASTROENTER (25%)	30-RADIOLOGY (25%)
78170-Red cell iron utilization	\$396	10	XXX	0%	-	70%	20-ORTHOPED SURG (60%)	30-RADIOLOGY (40%)	(-)
78185-Spleen imaging	\$89,464	2,059	XXX	0%	-	11%	30-RADIOLOGY (67%)	36-NUCLEAR MED (20%)	22-PATHOLOGY (4%)
78201-Liver imaging	\$298,844	5,894	XXX	1%	1%	13%	30-RADIOLOGY (77%)	36-NUCLEAR MED (8%)	70-GROUP PRAC (3%)
78202-Liver imaging with flow	\$191,959	3,269	XXX	0%	0%	13%	30-RADIOLOGY (69%)	36-NUCLEAR MED (13%)	22-PATHOLOGY (5%)
78205-Liver imaging (3D)	\$505,260	7,307	XXX	1%	1%	14%	30-RADIOLOGY (68%)	36-NUCLEAR MED (19%)	70-GROUP PRAC (4%)
78215-Liver and spleen imaging	\$2,638,529	45,942	XXX	5%	7%	14%	30-RADIOLOGY (79%)	36-NUCLEAR MED (10%)	70-GROUP PRAC (3%)
78216-Liver & spleen image, flow	\$570,578	8,840	XXX	1%	2%	13%	30-RADIOLOGY (79%)	36-NUCLEAR MED (8%)	11-INTERNAL MED (4%)
78230-Salivary gland imaging	\$10,911	261	XXX	0%	-	22%	30-RADIOLOGY (61%)	11-INTERNAL MED (21%)	36-NUCLEAR MED (8%)
78231-Serial salivary imaging	\$7,041	106	XXX	0%	-	34%	30-RADIOLOGY (53%)	36-NUCLEAR MED (25%)	11-INTERNAL MED (12%)
78232-Salivary gland function exam	\$14,321	152	XXX	0%	-	70%	30-RADIOLOGY (77%)	36-NUCLEAR MED (9%)	11-INTERNAL MED (7%)
78261-Gastric mucosa imaging	\$9,516	190	XXX	0%	-	10%	30-RADIOLOGY (63%)	70-GROUP PRAC (24%)	22-PATHOLOGY (4%)
78270-Vit B-12 absorption exam	\$204,863	10,619	XXX	0%	0%	10%	30-RADIOLOGY (59%)	36-NUCLEAR MED (13%)	22-PATHOLOGY (13%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDchs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
78271-Vit B-12 absorp exam, IF	\$69,948	3,360	XXX	0%	0%	20%	30-RADIOLOGY (61%)	66-RHEUMATOLOGY (15%)	36-NUCLEAR MED (11%)
78290-Neckel's divert exam	\$183,165	3,923	XXX	0%	1%	2%	30-RADIOLOGY (89%)	36-NUCLEAR MED (5%)	70-GROUP PRAC (3%)
78300-Bone imaging, limited area	\$3,227,266	56,211	XXX	6%	11%	18%	30-RADIOLOGY (78%)	36-NUCLEAR MED (5%)	11-INTERNAL MED (4%)
78305-Bone imaging, multiple areas	\$6,980,340	92,188	XXX	14%	15%	19%	30-RADIOLOGY (76%)	36-NUCLEAR MED (8%)	66-RHEUMATOLOGY (4%)
78350-Bone mineral, single photon	\$1,789,250	38,637	XXX	4%	2%	6%	39-NEPHROLOGY (34%)	30-RADIOLOGY (25%)	11-INTERNAL MED (12%)
78351-Bone mineral, dual photon	\$15,172	339	XXX	0%	5%	61%	30-RADIOLOGY (34%)	66-RHEUMATOLOGY (28%)	46-ENDOCRINOLOGY (18%)
78445-Vascular flow imaging	\$1,528,017	25,140	XXX	3%	1%	35%	30-RADIOLOGY (38%)	06-CARDIOLOGY (28%)	36-NUCLEAR MED (17%)
78455-Venous thrombosis study	\$24,619	389	XXX	0%	0%	21%	30-RADIOLOGY (73%)	06-CARDIOLOGY (15%)	36-NUCLEAR MED (4%)
78580-Lung perfusion imaging	\$11,758,997	229,879	XXX	24%	11%	1%	30-RADIOLOGY (82%)	36-NUCLEAR MED (10%)	70-GROUP PRAC (3%)
78586-Aerosol lung image, single	\$200,892	5,260	XXX	0%	0%	1%	30-RADIOLOGY (81%)	36-NUCLEAR MED (5%)	70-GROUP PRAC (3%)
78587-Aerosol lung image, multiple	\$2,858,946	63,725	XXX	6%	3%	2%	30-RADIOLOGY (79%)	36-NUCLEAR MED (11%)	70-GROUP PRAC (3%)
78591-Vent image, 1 breath, 1 proj	\$50,711	1,345	XXX	0%	1%	1%	30-RADIOLOGY (83%)	19-ORAL SURGERY (7%)	36-NUCLEAR MED (6%)
78593-Vent image, 1 proj, gas	\$2,725,868	65,666	XXX	5%	3%	1%	30-RADIOLOGY (83%)	36-NUCLEAR MED (8%)	70-GROUP PRAC (3%)
78594-Vent image, mult proj, gas	\$1,581,170	30,710	XXX	3%	1%	1%	30-RADIOLOGY (80%)	36-NUCLEAR MED (14%)	11-INTERNAL MED (2%)
78600-Brain imaging, ltd static	\$31,315	445	XXX	0%	0%	66%	30-RADIOLOGY (42%)	11-INTERNAL MED (21%)	95-PHYSIOL LAB (20%)
78601-Brain imaging, complete	\$14,767	272	XXX	0%	0%	5%	30-RADIOLOGY (75%)	36-NUCLEAR MED (15%)	11-INTERNAL MED (3%)
78605-Brain imaging, comp & flow	\$107,212	1,749	XXX	0%	1%	23%	30-RADIOLOGY (86%)	36-NUCLEAR MED (5%)	70-GROUP PRAC (3%)
78606-Brain imaging, comp & flow	\$316,719	3,742	XXX	1%	1%	31%	30-RADIOLOGY (63%)	36-NUCLEAR MED (12%)	11-INTERNAL MED (6%)
78610-Brain flow imaging only	\$111,460	1,931	XXX	0%	0%	44%	30-RADIOLOGY (53%)	13-NEUROLOGY (28%)	36-NUCLEAR MED (7%)
78700-Kidney imaging, static	\$384,212	8,298	XXX	1%	1%	13%	30-RADIOLOGY (78%)	36-NUCLEAR MED (12%)	06-CARDIOLOGY (3%)
78701-Kidney imaging with flow	\$1,009,853	19,681	XXX	2%	2%	6%	30-RADIOLOGY (87%)	36-NUCLEAR MED (6%)	70-GROUP PRAC (2%)
78704-Imaging renogram	\$903,924	15,631	XXX	2%	1%	7%	30-RADIOLOGY (79%)	36-NUCLEAR MED (11%)	70-GROUP PRAC (4%)
78707-Kidney flow & function image	\$4,453,654	57,072	XXX	9%	5%	9%	30-RADIOLOGY (77%)	36-NUCLEAR MED (16%)	70-GROUP PRAC (2%)
78715-Renal vascular flow exam	\$111,256	3,615	XXX	0%	0%	4%	30-RADIOLOGY (76%)	36-NUCLEAR MED (16%)	11-INTERNAL MED (4%)
78725-Kidney function study	\$396,021	8,741	XXX	1%	1%	22%	30-RADIOLOGY (64%)	39-NEPHROLOGY (15%)	36-NUCLEAR MED (14%)
78730-Urinary bladder retention	\$519,237	9,138	XXX	1%	1%	80%	34-UROLOGY (76%)	30-RADIOLOGY (18%)	36-NUCLEAR MED (2%)
78760-Testicular imaging	\$29,010	571	XXX	0%	0%	12%	30-RADIOLOGY (60%)	11-INTERNAL MED (10%)	36-NUCLEAR MED (4%)
78761-Testicular imaging & flow	\$48,218	946	XXX	0%	0%	5%	30-RADIOLOGY (79%)	36-NUCLEAR MED (10%)	70-GROUP PRAC (3%)
648-Intermediate Diagnostic Nuclear Medicine									
Family Medicare Payments: \$92,549,730	Percent of CPEP Medicare Charges: 2%								
Family Private Payments: \$1,146,023	Percent of CPEP Private Payments: 1%								
78104-Bone marrow imaging, body	\$67,341	1,105	XXX	0%	0%	4%	30-RADIOLOGY (93%)	36-NUCLEAR MED (4%)	22-PATHOLOGY (1%)
78122-Blood volume	\$28,678	690	XXX	0%	0%	8%	30-RADIOLOGY (60%)	36-NUCLEAR MED (22%)	70-GROUP PRAC (6%)
78130-Red cell survival study	\$6,270	150	XXX	0%	0%	13%	30-RADIOLOGY (68%)	36-NUCLEAR MED (11%)	22-PATHOLOGY (5%)
78172-Total body iron estimation	\$107	3	XXX	0%	0%	0%	30-RADIOLOGY (100%)	(.)	(.)
78191-Platelet survival	\$1,147	30	XXX	0%	0%	20%	30-RADIOLOGY (53%)	36-NUCLEAR MED (20%)	01-OB-GP/FP (10%)
78220-Liver function study	\$804,823	18,192	XXX	1%	2%	6%	30-RADIOLOGY (78%)	70-GROUP PRAC (6%)	11-INTERNAL MED (6%)
78223-Hepatobiliary imaging	\$6,858,883	113,422	XXX	7%	8%	4%	30-RADIOLOGY (86%)	36-NUCLEAR MED (8%)	22-PATHOLOGY (2%)
78258-Esophageal motility study	\$27,672	502	XXX	0%	0%	13%	30-RADIOLOGY (75%)	36-NUCLEAR MED (17%)	11-INTERNAL MED (4%)
78262-Gastroesophageal reflux exam	\$65,876	1,092	XXX	0%	0%	9%	30-RADIOLOGY (72%)	36-NUCLEAR MED (13%)	11-INTERNAL MED (5%)
78272-Vit B-12 absorp, combined	\$61,568	2,618	XXX	0%	0%	11%	30-RADIOLOGY (61%)	36-NUCLEAR MED (16%)	22-PATHOLOGY (8%)
78278-Acute GI blood loss imaging	\$1,815,173	31,050	XXX	2%	0%	1%	30-RADIOLOGY (83%)	36-NUCLEAR MED (9%)	70-GROUP PRAC (2%)
78282-GI protein loss exam	\$2,953	59	XXX	0%	0%	0%	30-RADIOLOGY (93%)	10-GASTROENTER (3%)	36-NUCLEAR MED (2%)
78306-Bone imaging, whole body	\$66,589,032	882,509	XXX	7%	7%	12%	30-RADIOLOGY (83%)	36-NUCLEAR MED (8%)	70-GROUP PRAC (3%)
78315-Bone imaging, 3 Phase	\$6,109,261	67,440	XXX	7%	8%	10%	30-RADIOLOGY (80%)	36-NUCLEAR MED (14%)	70-GROUP PRAC (2%)
78320-Bone imaging (30)	\$1,315,052	13,769	XXX	1%	2%	21%	30-RADIOLOGY (67%)	36-NUCLEAR MED (22%)	11-INTERNAL MED (3%)
78457-Venous thrombosis imaging	\$106,461	1,704	XXX	0%	0%	10%	30-RADIOLOGY (75%)	70-GROUP PRAC (10%)	36-NUCLEAR MED (6%)
78458-Ven thrombosis images, bilat	\$310,802	4,282	XXX	0%	0%	10%	30-RADIOLOGY (55%)	36-NUCLEAR MED (29%)	11-INTERNAL MED (6%)
78584-Lung V/Q image single breath	\$998,167	14,918	XXX	1%	1%	1%	30-RADIOLOGY (90%)	36-NUCLEAR MED (5%)	94-INTERVEN RAD (2%)
78585-Lung V/Q imaging	\$6,329,917	84,666	XXX	7%	3%	1%	30-RADIOLOGY (87%)	36-NUCLEAR MED (9%)	22-PATHOLOGY (1%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDchs	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty

78615-Cerebral blood flow imaging	\$198,399	1,905	XXX	0%	1%	55%	36-NUCLEAR MED (28%)	30-RADIOLOGY (26%)	13-NEUROLOGY (19%)
78710-Kidney imaging (3D)	\$26,553	436	XXX	0%	.	8%	30-RADIOLOGY (86%)	36-NUCLEAR MED (6%)	11-INTERNAL MED (6%)
78726-Kidney function w/intervent	\$471,620	6,720	XXX	1%	1%	15%	30-RADIOLOGY (69%)	36-NUCLEAR MED (21%)	39-NEPHROLOGY (2%)
78727-Kidney transplant evaluation	\$339,425	5,519	XXX	0%	0%	10%	30-RADIOLOGY (64%)	36-NUCLEAR MED (25%)	11-INTERNAL MED (6%)
78740-Ureteral reflux study	\$14,550	345	XXX	0%	0%	10%	30-RADIOLOGY (76%)	36-NUCLEAR MED (17%)	70-GROUP PRAC (3%)
652-Complex Diagnostic Nuclear Medicine									
Family Medicare Charges: \$7,035,161									
Family Private Payments: \$126,767									
Percent of CPEP Medicare Charges: 0%									
Percent of CPEP Private Payments: 0%									
78015-Thyroid met imaging	\$24,545	427	XXX	0%	.	22%	30-RADIOLOGY (66%)	36-NUCLEAR MED (15%)	70-GROUP PRAC (4%)
78016-Thyroid met imaging/studies	\$8,961	127	XXX	0%	.	20%	30-RADIOLOGY (80%)	36-NUCLEAR MED (12%)	46-ENDOCRINOLOGY (5%)
78017-Thyroid met imaging, mult	\$17,987	236	XXX	0%	.	24%	30-RADIOLOGY (66%)	36-NUCLEAR MED (21%)	46-ENDOCRINOLOGY (8%)
78018-Thyroid, met imaging, body	\$227,304	2,833	XXX	3%	10%	14%	30-RADIOLOGY (70%)	36-NUCLEAR MED (19%)	46-ENDOCRINOLOGY (3%)
78070-Parathyroid nuclear imaging	\$139,283	3,213	XXX	2%	.	15%	30-RADIOLOGY (72%)	36-NUCLEAR MED (17%)	11-INTERNAL MED (3%)
78075-Adrenal nuclear imaging	\$12,990	233	XXX	0%	.	10%	30-RADIOLOGY (61%)	36-NUCLEAR MED (21%)	11-INTERNAL MED (9%)
78135-Red cell survival kinetics	\$4,212	82	XXX	0%	.	6%	30-RADIOLOGY (77%)	36-NUCLEAR MED (17%)	11-INTERNAL MED (2%)
78140-Red cell sequestration	\$10,931	271	XXX	0%	.	11%	30-RADIOLOGY (72%)	70-GROUP PRAC (12%)	36-NUCLEAR MED (5%)
78190-Platelet survival, kinetics	\$1,062	21	XXX	0%	.	19%	30-RADIOLOGY (71%)	36-NUCLEAR MED (10%)	01-08-GP/FP (5%)
78195-Lymph system imaging	\$18,766	385	XXX	0%	.	6%	30-RADIOLOGY (66%)	36-NUCLEAR MED (27%)	70-GROUP PRAC (5%)
78264-Gastric emptying study	\$742,993	13,683	XXX	1%	10%	7%	30-RADIOLOGY (77%)	36-NUCLEAR MED (12%)	11-INTERNAL MED (3%)
78291-Leveen/shunt patency exam	\$39,699	617	XXX	1%	.	4%	30-RADIOLOGY (72%)	36-NUCLEAR MED (12%)	70-GROUP PRAC (3%)
78596-Lung differential function	\$696,769	10,942	XXX	10%	.	13%	30-RADIOLOGY (67%)	36-NUCLEAR MED (11%)	11-INTERNAL MED (7%)
78607-Brain imaging (3D)	\$1,202,395	11,753	XXX	17%	18%	18%	30-RADIOLOGY (63%)	36-NUCLEAR MED (16%)	70-GROUP PRAC (6%)
78630-Cerebrospinal fluid scan	\$268,320	4,110	XXX	4%	4%	5%	30-RADIOLOGY (80%)	36-NUCLEAR MED (11%)	70-GROUP PRAC (3%)
78635-CSF ventriculography	\$3,656	4,79	XXX	0%	.	6%	30-RADIOLOGY (75%)	11-INTERNAL MED (15%)	06-CARDIOLOGY (8%)
78645-CSF shunt evaluation	\$44,544	750	XXX	1%	.	11%	30-RADIOLOGY (73%)	36-NUCLEAR MED (11%)	06-CARDIOLOGY (5%)
78647-Cerebrospinal fluid scan	.	.	XXX	.	.	.	(.)	(.)	(.)
78650-CSF leakage imaging	\$18,573	322	XXX	0%	2%	28%	30-RADIOLOGY (51%)	11-INTERNAL MED (16%)	01-08-GP/FP (7%)
78655-Nuclear exam of eye lesion	\$1,257	10	XXX	0%	.	50%	18-OPHTHALMOLOGY (60%)	30-RADIOLOGY (40%)	(.)
78660-Nuclear exam of tear flow	\$17,203	371	XXX	0%	.	21%	30-RADIOLOGY (76%)	36-NUCLEAR MED (11%)	18-OPHTHALMOLOGY (6%)
78800-Tumor imaging, limited area	\$217,563	3,768	XXX	3%	3%	10%	30-RADIOLOGY (74%)	36-NUCLEAR MED (11%)	92-RAD ONCOLOGY (10%)
78801-Tumor imaging, mult areas	\$287,410	3,729	XXX	4%	7%	12%	30-RADIOLOGY (66%)	36-NUCLEAR MED (13%)	22-PATHOLOGY (6%)
78802-Tumor imaging, whole body	\$1,427,436	18,820	XXX	20%	28%	6%	30-RADIOLOGY (76%)	36-NUCLEAR MED (15%)	11-INTERNAL MED (2%)
78803-Tumor imaging (3D)	\$205,894	2,571	XXX	3%	.	9%	30-RADIOLOGY (61%)	36-NUCLEAR MED (29%)	70-GROUP PRAC (5%)
78805-Abscess imaging, ltd area	\$272,663	4,990	XXX	4%	5%	5%	30-RADIOLOGY (75%)	36-NUCLEAR MED (18%)	22-PATHOLOGY (3%)
78806-Abscess imaging, whole body	\$1,124,745	15,735	XXX	16%	13%	4%	30-RADIOLOGY (72%)	36-NUCLEAR MED (19%)	22-PATHOLOGY (4%)
78807-Nuclear localization/abscess	.	.	XXX	.	.	.	(.)	(.)	(.)
656-Therapeutic Nuclear Medicine									
Family Medicare Charges: \$3,829,863									
Family Private Payments: \$116,645									
Percent of CPEP Medicare Charges: 0%									
Percent of CPEP Private Payments: 0%									
78890-Nuclear medicine data proc	\$1,047,878	36,648	XXX	27%	29%	50%	06-CARDIOLOGY (38%)	30-RADIOLOGY (35%)	36-NUCLEAR MED (21%)
78891-Nuclear med data proc	\$1,102,371	17,483	XXX	29%	23%	59%	30-RADIOLOGY (30%)	36-NUCLEAR MED (25%)	06-CARDIOLOGY (24%)
79000-Initial hyperthyroid therapy	\$1,055,375	8,980	XXX	28%	48%	14%	30-RADIOLOGY (61%)	46-ENDOCRINOLOGY (12%)	36-NUCLEAR MED (11%)
79001-Repeat hyperthyroid therapy	\$26,027	371	XXX	1%	.	28%	30-RADIOLOGY (68%)	36-NUCLEAR MED (9%)	46-ENDOCRINOLOGY (8%)
79020-Thyroid ablation	\$25,428	191	XXX	1%	.	11%	30-RADIOLOGY (67%)	46-ENDOCRINOLOGY (12%)	11-INTERNAL MED (10%)
79030-Thyroid ablation, carcinoma	\$138,385	1,000	XXX	4%	.	3%	30-RADIOLOGY (61%)	36-NUCLEAR MED (13%)	92-RAD ONCOLOGY (7%)
79035-Thyroid metastatic therapy	\$100,439	663	XXX	3%	.	12%	30-RADIOLOGY (65%)	36-NUCLEAR MED (21%)	46-ENDOCRINOLOGY (5%)
79100-Hematopoietic nuclear therapy	\$58,835	685	XXX	2%	.	4%	30-RADIOLOGY (51%)	36-NUCLEAR MED (31%)	92-RAD ONCOLOGY (5%)
79200-Intracavitary nuc treatment	\$20,769	156	XXX	1%	.	4%	30-RADIOLOGY (51%)	36-NUCLEAR MED (31%)	70-GROUP PRAC (4%)

Procedure First Specialty Second Specialty Third Specialty

79300-Interstitial nuclear therapy	\$811	9	XXX	0%	-	11%	36-NUCLEAR MED (44%)	30-RADIOLOGY (33%)	70-GROUP PRAC (22%)
79400-Nonhemato nuclear therapy	\$246,283	2,248	XXX	6%	-	12%	30-RADIOLOGY (59%)	36-NUCLEAR MED (22%)	92-RAD ONCOLOGY (9%)
79420-Intravascular nuc therapy	\$5,099	65	XXX	0%	-	9%	30-RADIOLOGY (45%)	36-NUCLEAR MED (23%)	92-RAD ONCOLOGY (20%)
79440-Nuclear joint therapy	\$2,163	18	XXX	0%	-	61%	30-RADIOLOGY (39%)	01,08-GP/FP (33%)	06-CARDIOLOGY (11%)
660-Radiation Therapy and Hypothermia									
Family Medicare Charges:\$432,553,499									
Family Private Payments: \$1,992,821									
77401-Radiation treatment delivery	\$4,798,752	95,642	XXX	1%	1%	98%	07-DERMATOLOGY (69%)	92-RAD ONCOLOGY (15%)	30-RADIOLOGY (11%)
77402-Radiation treatment delivery	\$2,877,326	49,416	XXX	1%	1%	96%	30-RADIOLOGY (47%)	92-RAD ONCOLOGY (41%)	63-XRAY SUPPLIER (5%)
77403-Radiation treatment delivery	\$7,647,415	132,816	XXX	2%	1%	93%	92-RAD ONCOLOGY (48%)	30-RADIOLOGY (40%)	63-XRAY SUPPLIER (6%)
77404-Radiation treatment delivery	\$948,740	14,863	XXX	0%	0%	87%	30-RADIOLOGY (43%)	92-RAD ONCOLOGY (37%)	63-XRAY SUPPLIER (15%)
77406-Radiation treatment delivery	\$169,937	2,931	XXX	0%	1%	99%	92-RAD ONCOLOGY (47%)	30-RADIOLOGY (40%)	07-DERMATOLOGY (6%)
77407-Radiation treatment delivery	\$2,816,071	42,221	XXX	1%	1%	96%	30-RADIOLOGY (59%)	92-RAD ONCOLOGY (31%)	63-XRAY SUPPLIER (4%)
77408-Radiation treatment delivery	\$11,468,252	163,963	XXX	3%	2%	93%	92-RAD ONCOLOGY (51%)	30-RADIOLOGY (39%)	63-XRAY SUPPLIER (5%)
77409-Radiation treatment delivery	\$3,705,324	48,567	XXX	1%	1%	85%	92-RAD ONCOLOGY (44%)	30-RADIOLOGY (31%)	63-XRAY SUPPLIER (20%)
77411-Radiation treatment delivery	\$918,502	11,314	XXX	0%	1%	100%	92-RAD ONCOLOGY (85%)	30-RADIOLOGY (13%)	87-ALL OTH SUPPL (1%)
77412-Radiation treatment delivery	\$14,459,480	194,501	XXX	3%	4%	98%	30-RADIOLOGY (49%)	92-RAD ONCOLOGY (43%)	70-GROUP PRAC (4%)
77413-Radiation treatment delivery	\$77,109,372	1,006,964	XXX	18%	7%	96%	92-RAD ONCOLOGY (51%)	30-RADIOLOGY (38%)	63-XRAY SUPPLIER (6%)
77414-Radiation treatment delivery	\$21,988,492	273,009	XXX	5%	3%	92%	30-RADIOLOGY (42%)	92-RAD ONCOLOGY (40%)	63-XRAY SUPPLIER (12%)
77416-Radiation treatment delivery	\$3,598,491	47,998	XXX	1%	1%	98%	92-RAD ONCOLOGY (57%)	30-RADIOLOGY (38%)	63-XRAY SUPPLIER (2%)
77417-Radiology port films(s)	\$8,921,768	475,965	XXX	2%	5%	94%	92-RAD ONCOLOGY (50%)	30-RADIOLOGY (37%)	63-XRAY SUPPLIER (7%)
77419-Weekly radiation therapy	\$15,463,226	358,883	XXX	4%	7%	31%	30-RADIOLOGY (50%)	92-RAD ONCOLOGY (41%)	07-DERMATOLOGY (4%)
77420-Weekly radiation therapy	\$29,680,898	446,434	XXX	7%	10%	31%	30-RADIOLOGY (49%)	92-RAD ONCOLOGY (44%)	70-GROUP PRAC (2%)
77425-Weekly radiation therapy	\$209,232,911	2,306,919	XXX	48%	48%	31%	30-RADIOLOGY (48%)	92-RAD ONCOLOGY (46%)	70-GROUP PRAC (2%)
77431-Radiation therapy management	\$1,061,360	16,123	XXX	0%	0%	41%	30-RADIOLOGY (45%)	92-RAD ONCOLOGY (27%)	07-DERMATOLOGY (19%)
77432-Stereotactic radiation trmt	\$3,184,915	18,583	XXX	1%	1%	33%	92-RAD ONCOLOGY (44%)	30-RADIOLOGY (43%)	07-DERMATOLOGY (4%)
77470-Special radiation treatment	\$516,158	3,939	ZZZ	0%	0%	41%	30-RADIOLOGY (46%)	92-RAD ONCOLOGY (39%)	11-INTERNAL MED (7%)
77600-Hyperthermia treatment	\$28,749	227	ZZZ	0%	-	17%	92-RAD ONCOLOGY (69%)	30-RADIOLOGY (19%)	70-GROUP PRAC (9%)
77605-Hyperthermia treatment	\$9,145	106	ZZZ	0%	-	15%	92-RAD ONCOLOGY (47%)	30-RADIOLOGY (44%)	34-UROLOGY (4%)
77610-Hyperthermia treatment	\$27,352	166	ZZZ	0%	-	33%	92-RAD ONCOLOGY (60%)	30-RADIOLOGY (34%)	02-GHRL SURGERY (2%)
77615-Hyperthermia treatment	\$563	7	ZZZ	0%	-	29%	30-RADIOLOGY (71%)	01,08-GP/FP (14%)	92-RAD ONCOLOGY (14%)
77620-Hyperthermia treatment	\$300,466	1,251	090	0%	-	21%	92-RAD ONCOLOGY (45%)	30-RADIOLOGY (41%)	36-NUCLEAR MED (7%)
77750-Intrus radioactive materials	\$545,823	4,570	090	0%	1%	11%	05-ANESTHESIA (39%)	30-RADIOLOGY (28%)	92-RAD ONCOLOGY (20%)
77761-Radioelement application	\$714,511	2,576	090	0%	1%	6%	30-RADIOLOGY (36%)	92-RAD ONCOLOGY (34%)	16-OB-GYNECOLOGY (14%)
77762-Radioelement application	\$1,228,580	2,936	090	0%	1%	7%	92-RAD ONCOLOGY (45%)	30-RADIOLOGY (26%)	16-OB-GYNECOLOGY (9%)
77776-Radioelement application	\$90,006	574	XXX	0%	-	3%	05-ANESTHESIA (45%)	92-RAD ONCOLOGY (19%)	30-RADIOLOGY (17%)
77777-Radioelement application	\$286,872	1,032	090	0%	-	33%	92-RAD ONCOLOGY (30%)	11-INTERNAL MED (27%)	30-RADIOLOGY (26%)
77778-Radioelement application	\$3,288,353	6,209	090	1%	2%	11%	92-RAD ONCOLOGY (38%)	30-RADIOLOGY (29%)	34-UROLOGY (25%)
77781-High intensity brachytherapy	\$247,920	1,076	090	0%	-	32%	30-RADIOLOGY (39%)	92-RAD ONCOLOGY (35%)	29-PULMONARY DIS (9%)
77782-High intensity brachytherapy	\$511,371	1,693	090	0%	-	36%	30-RADIOLOGY (47%)	92-RAD ONCOLOGY (44%)	70-GROUP PRAC (2%)
77783-High intensity brachytherapy	\$909,033	2,314	090	0%	-	33%	30-RADIOLOGY (53%)	92-RAD ONCOLOGY (42%)	11-INTERNAL MED (2%)
77784-High intensity brachytherapy	\$2,901,776	5,985	090	1%	-	36%	92-RAD ONCOLOGY (51%)	30-RADIOLOGY (43%)	83-HEMATOL/ONCOL (1%)
77789-Radioelement application	\$179,000	2,781	090	0%	-	59%	18-OPHTHALMOLOGY (34%)	30-RADIOLOGY (33%)	92-RAD ONCOLOGY (27%)
77790-Radioelement handling	\$708,491	11,896	XXX	0%	1%	17%	92-RAD ONCOLOGY (51%)	30-RADIOLOGY (42%)	36-NUCLEAR MED (2%)
99185-Regional hypothermia	\$8,120	412	XXX	0%	-	93%	83-HEMATOL/ONCOL (64%)	11-INTERNAL MED (24%)	90-MED ONCOLOGY (5%)

Percent of CPEP Medicare Charges: 10%
Percent of CPEP Private Payments: 2%

664-Therapeutic Radiation Treatment Preparation
Family Medicare Charges:\$242,482,205
Percent of CPEP Medicare Charges: 6%

First Specialty

Second Specialty

Third Specialty

Procedure	Percent of CPEP Private Payments:	1993 HC Units of Service	Global Period	Pct. of Family Allldchgs	Pct. of Family Privlmts	Pct. of Family Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
77261-Radiation therapy planning	\$5,076,510	66,616	XXX	2%	4%	30%	30-RADIOLOGY (47%)	92-RAD ONCOLOGY (43%)	07-DERMATOLOGY (5%)
77262-Radiation therapy planning	\$6,395,868	55,035	XXX	3%	5%	29%	30-RADIOLOGY (49%)	92-RAD ONCOLOGY (45%)	70-GROUP PRAC (2%)
77263-Radiation therapy planning	\$36,749,465	214,711	XXX	15%	19%	32%	92-RAD ONCOLOGY (50%)	30-RADIOLOGY (44%)	70-GROUP PRAC (2%)
77280-Set radiation therapy field	\$7,211,606	109,184	XXX	3%	3%	31%	92-RAD ONCOLOGY (48%)	30-RADIOLOGY (46%)	70-GROUP PRAC (2%)
77285-Set radiation therapy field	\$7,110,473	76,225	XXX	3%	4%	29%	30-RADIOLOGY (48%)	92-RAD ONCOLOGY (46%)	70-GROUP PRAC (2%)
77290-Set radiation therapy field	\$39,014,979	285,003	XXX	16%	14%	33%	92-RAD ONCOLOGY (48%)	30-RADIOLOGY (44%)	70-GROUP PRAC (2%)
77295-Set radiation therapy field			XXX				(.)	(.)	(.)
77300-Radiation therapy dose plan	\$25,549,443	563,546	XXX	11%	8%	37%	92-RAD ONCOLOGY (47%)	30-RADIOLOGY (45%)	70-GROUP PRAC (2%)
77305-Radiation therapy dose plan	\$1,846,129	35,202	XXX	1%	2%	31%	30-RADIOLOGY (47%)	92-RAD ONCOLOGY (43%)	63-XRAY SUPPLIER (4%)
77310-Radiation therapy dose plan	\$2,993,989	39,604	XXX	1%	1%	33%	30-RADIOLOGY (47%)	92-RAD ONCOLOGY (46%)	63-XRAY SUPPLIER (2%)
77315-Radiation therapy dose plan	\$20,226,729	191,528	XXX	8%	9%	35%	92-RAD ONCOLOGY (47%)	30-RADIOLOGY (45%)	70-GROUP PRAC (3%)
77321-Radiation therapy dose plan	\$1,136,415	13,924	XXX	0%	0%	29%	30-RADIOLOGY (50%)	92-RAD ONCOLOGY (46%)	63-XRAY SUPPLIER (1%)
77326-Radiation therapy dose plan	\$152,341	2,429	XXX	0%	0%	20%	30-RADIOLOGY (52%)	92-RAD ONCOLOGY (43%)	70-GROUP PRAC (3%)
77327-Radiation therapy dose plan	\$286,025	3,188	XXX	0%	0%	16%	30-RADIOLOGY (51%)	92-RAD ONCOLOGY (44%)	36-NUCLEAR MED (1%)
77328-Radiation therapy dose plan	\$2,098,168	13,417	XXX	1%	1%	36%	92-RAD ONCOLOGY (51%)	30-RADIOLOGY (43%)	83-HEMATOL/ONCOL (1%)
77331-Special radiation dosimetry	\$6,972,154	130,398	XXX	3%	2%	55%	92-RAD ONCOLOGY (55%)	30-RADIOLOGY (37%)	70-GROUP PRAC (2%)
77332-Radiation treatment aid(s)	\$2,287,475	49,829	XXX	1%	1%	47%	92-RAD ONCOLOGY (50%)	30-RADIOLOGY (43%)	70-GROUP PRAC (2%)
77333-Radiation treatment aid(s)	\$2,575,416	43,387	XXX	1%	1%	34%	30-RADIOLOGY (50%)	92-RAD ONCOLOGY (45%)	70-GROUP PRAC (2%)
77334-Radiation treatment aid(s)	\$34,793,384	372,920	XXX	14%	13%	36%	92-RAD ONCOLOGY (48%)	30-RADIOLOGY (45%)	70-GROUP PRAC (2%)
77336-Radiation physics consult	\$37,683,919	417,974	XXX	16%	11%	94%	92-RAD ONCOLOGY (69%)	30-RADIOLOGY (41%)	63-XRAY SUPPLIER (5%)
77370-Radiation physics consult	\$2,319,797	21,463	XXX	1%	1%	97%	92-RAD ONCOLOGY (67%)	30-RADIOLOGY (28%)	36-NUCLEAR MED (1%)

CPEP 7 - EVALUATION AND MANAGEMENT

700-Office Visits - New Patient
 Family Medicare Charges:\$616,610,052
 Family Private Payments:

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Percent of CPEP Medicare Charges:	Percent of CPEP Private Payments:	5%	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	First Speciality	Second Speciality	Third Speciality
99201-Office/outpatient visit, new	\$23,387,336	921,822	XXX	XXX	4%	94%	.	94%	01,08-GP/FP (19%)	48-PODIATRY (16%)	07-DERMATOLOGY (13%)
99202-Office/outpatient visit, new	\$112,632,793	2,995,351	XXX	XXX	18%	97%	.	97%	01,08-GP/FP (18%)	48-PODIATRY (18%)	07-DERMATOLOGY (13%)
99203-Office/outpatient visit, new	\$174,677,534	3,572,442	XXX	XXX	28%	97%	.	97%	01,08-GP/FP (16%)	20-ORTHOPEID SURG (13%)	11-INTERNAL MED (11%)
99204-Office/outpatient visit, new	\$170,956,940	2,341,720	XXX	XXX	28%	97%	.	97%	11-INTERNAL MED (19%)	01,08-GP/FP (13%)	18-OPHTHALMOLOGY (10%)
99205-Office/outpatient visit, new	\$134,955,449	1,531,839	XXX	XXX	22%	96%	.	96%	11-INTERNAL MED (33%)	01,08-GP/FP (11%)	06-CARDIOLOGY (7%)
99281-Preventive visit,new,infant	.	.	XXX	XXX	.	.	.	.	(.)	(.)	(.)
99382-Preventive visit,new,age 1-4	.	.	XXX	XXX	.	.	.	.	(.)	(.)	(.)
99383-Preventive visit,new,age5-11	.	.	XXX	XXX	.	.	.	.	(.)	(.)	(.)
99384-Preventive visit,new,12-17	.	.	XXX	XXX	.	.	.	.	(.)	(.)	(.)
99385-Preventive visit,new,18-39	.	.	XXX	XXX	.	.	.	.	(.)	(.)	(.)
99386-Preventive visit,new,40-64	.	.	XXX	XXX	.	.	.	.	(.)	(.)	(.)
99387-Preventive visit,new,65&over	.	.	XXX	XXX	.	.	.	.	(.)	(.)	(.)
99432-Newborn care not in hospital	.	.	XXX	XXX	.	.	.	.	(.)	(.)	(.)

704-Office Visits - Established Patient
 Family Medicare Charges: \$4,770,342,501
 Family Private Payments:

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Percent of CPEP Medicare Charges:	Percent of CPEP Private Payments:	35%	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	First Speciality	Second Speciality	Third Speciality
99211-Office/outpatient visit, est	\$105,108,822	7,930,192	XXX	XXX	2%	96%	.	96%	01,08-GP/FP (25%)	11-INTERNAL MED (23%)	83-HEMATOL/ONCOL (8%)
99212-Office/outpatient visit, est	\$682,994,244	32,558,281	XXX	XXX	14%	97%	.	97%	01,08-GP/FP (33%)	11-INTERNAL MED (18%)	34-UROLOGY (6%)
99213-Office/outpatient visit, est	\$232596948	79,443,600	XXX	XXX	4%	97%	.	97%	11-INTERNAL MED (31%)	01,08-GP/FP (30%)	06-CARDIOLOGY (6%)
99214-Office/outpatient visit, est	\$1236443642	27,444,509	XXX	XXX	26%	97%	.	97%	11-INTERNAL MED (30%)	01,08-GP/FP (20%)	06-CARDIOLOGY (9%)
99215-Office/outpatient visit, est	\$419,828,730	6,107,301	XXX	XXX	9%	96%	.	96%	11-INTERNAL MED (37%)	01,08-GP/FP (20%)	18-OPHTHALMOLOGY (7%)
99354-Prolonged service, office	.	.	XXX	XXX	.	.	.	.	(.)	(.)	(.)
99355-Prolonged service, office	.	.	XXX	XXX	.	.	.	.	(.)	(.)	(.)
99391-Preventive visit,est,infant	.	.	XXX	XXX	.	.	.	.	(.)	(.)	(.)
99392-Preventive visit,est,age 1-4	.	.	XXX	XXX	.	.	.	.	(.)	(.)	(.)
99393-Preventive visit,est,age5-11	.	.	XXX	XXX	.	.	.	.	(.)	(.)	(.)
99394-Preventive visit,est,12-17	.	.	XXX	XXX	.	.	.	.	(.)	(.)	(.)
99395-Preventive visit,est,18-39	.	.	XXX	XXX	.	.	.	.	(.)	(.)	(.)
99396-Preventive visit,est,40-64	\$25	1	XXX	XXX	0%	0%	.	0%	01,08-GP/FP (100%)	(.)	(.)
99397-Preventive visit,est,65&over	\$90	2	XXX	XXX	0%	100%	.	100%	11-INTERNAL MED (100%)	(.)	(.)
99401-Preventive counseling, indiv	.	.	XXX	XXX	.	.	.	.	(.)	(.)	(.)
99402-Preventive counseling, indiv	.	.	XXX	XXX	.	.	.	.	(.)	(.)	(.)
99403-Preventive counseling, indiv	.	.	XXX	XXX	.	.	.	.	(.)	(.)	(.)
99404-Preventive counseling, indiv	.	.	XXX	XXX	.	.	.	.	(.)	(.)	(.)

708-Hospital Visit - Initial
 Family Medicare Charges:\$807,667,407
 Family Private Payments:

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Percent of CPEP Medicare Charges:	Percent of CPEP Private Payments:	6%	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	First Speciality	Second Speciality	Third Speciality
99218-Observation care	\$6,146,169	116,274	XXX	XXX	1%	5%	.	5%	01,08-GP/FP (34%)	11-INTERNAL MED (29%)	06-CARDIOLOGY (7%)
99219-Observation care	\$14,710,189	175,386	XXX	XXX	2%	2%	.	2%	01,08-GP/FP (34%)	11-INTERNAL MED (31%)	06-CARDIOLOGY (8%)
99220-Observation care	\$12,172,829	113,283	XXX	XXX	2%	1%	.	1%	11-INTERNAL MED (37%)	01,08-GP/FP (26%)	06-CARDIOLOGY (10%)
99221-Initial hospital care	\$41,979,366	787,528	XXX	XXX	5%	0%	.	0%	01,08-GP/FP (31%)	11-INTERNAL MED (24%)	06-CARDIOLOGY (7%)
99222-Initial hospital care	\$282,790,021	3,288,224	XXX	XXX	35%	0%	.	0%	11-INTERNAL MED (33%)	01,08-GP/FP (28%)	06-CARDIOLOGY (9%)
99223-Initial hospital care	\$449,868,116	4,312,660	XXX	XXX	56%	0%	.	0%	11-INTERNAL MED (39%)	01,08-GP/FP (19%)	06-CARDIOLOGY (12%)
99431-Initial care, normal newborn	\$2,717	57	XXX	XXX	0%	0%	.	0%	11-INTERNAL MED (44%)	29-PULMONARY DIS (25%)	37-PEDIATRICS (12%)

Top Medicare Specialties (% of Procedure Volume)

Pct. of Family Vol. in Pct. of Family AllChgs PrivPmts OFFICE

1993 MC Allowed Charges 1993 MC Units of Service Global Period

Procedure

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	OFFICE	First_Specialty	Second_Specialty	Third_Specialty
712-Hospital Visit - Subsequent									
Family Medicare Charges:	\$3283181162								
Family Private Payments:									
Percent of CPEP Medicare Charges:		24%							
Percent of CPEP Private Payments:									
99217-Observation care discharge		XXX					(.)	(.)	(.)
99231-Subsequent hospital care	\$988,343,519	33,989,898	XXX	30%		0%	11-INTERNAL MED (32%)	01,08-GP/FP (17%)	06-CARDIOLOGY (10%)
99232-Subsequent hospital care	\$1407287000	34,847,698	XXX	43%		0%	11-INTERNAL MED (34%)	01,08-GP/FP (14%)	06-CARDIOLOGY (13%)
99233-Subsequent hospital care	\$599,280,679	10,718,808	XXX	18%		0%	11-INTERNAL MED (32%)	06-CARDIOLOGY (16%)	01,08-GP/FP (11%)
99238-Hospital discharge day	\$288,268,449	6,409,683	XXX	9%		0%	11-INTERNAL MED (38%)	01,08-GP/FP (25%)	06-CARDIOLOGY (11%)
99356-Prolonged service, inpatient		XXX					(.)	(.)	(.)
99357-Prolonged service, inpatient		XXX					(.)	(.)	(.)
99433-Normal newborn care,hospital	\$1,515	43	XXX	0%		5%	66-RHEUMATOLOGY (30%)	37-PEDIATRICS (26%)	01,08-GP/FP (19%)
716-Hospital Visit - Critical Care									
Family Medicare Charges:	\$257,411,579								
Family Private Payments:									
Percent of CPEP Medicare Charges:		2%							
Percent of CPEP Private Payments:									
99291-Critical care, first hour	\$208,859,835	1,559,445	XXX	81%		1%	11-INTERNAL MED (30%)	29-PULMONARY DIS (16%)	06-CARDIOLOGY (13%)
99292-Critical care, addl 30 min	\$48,525,948	701,322	XXX	19%		1%	11-INTERNAL MED (37%)	01,08-GP/FP (14%)	06-CARDIOLOGY (12%)
99295-Neonatal critical care	\$22,694	312	XXX	0%		3%	11-INTERNAL MED (45%)	01,08-GP/FP (30%)	10-GASTROENTER (19%)
99296-Neonatal critical care	\$2,156	47	XXX	0%		49%	16-OB-GYNECOLOGY (53%)	01,08-GP/FP (38%)	11-INTERNAL MED (4%)
99297-Neonatal critical care	\$860	19	XXX	0%		68%	01,08-GP/FP (32%)	11-INTERNAL MED (26%)	16-OB-GYNECOLOGY (16%)
99440-Newborn resuscitation	\$86	1	XXX	0%		0%	37-PEDIATRICS (100%)	(.)	(.)
720-Emergency Room Visit									
Family Medicare Charges:	\$767,262,996								
Family Private Payments:	\$4,365								
Percent of CPEP Medicare Charges:		6%							
Percent of CPEP Private Payments:		0%							
99175-Induction of vomiting	\$8,276	201	XXX	0%	100%	12%	93-EMERGENCY MED (38%)	70-GROUP PRAC (17%)	01,08-GP/FP (16%)
99281-Emergency dept visit	\$10,279,085	521,969	XXX	1%		0%	01,08-GP/FP (34%)	93-EMERGENCY MED (25%)	11-INTERNAL MED (15%)
99282-Emergency dept visit	\$57,543,910	1,976,102	XXX	7%		0%	93-EMERGENCY MED (35%)	01,08-GP/FP (33%)	11-INTERNAL MED (12%)
99283-Emergency dept visit	\$184,465,285	3,978,466	XXX	24%		0%	93-EMERGENCY MED (42%)	01,08-GP/FP (30%)	11-INTERNAL MED (11%)
99284-Emergency dept visit	\$240,735,213	3,508,456	XXX	31%		0%	93-EMERGENCY MED (45%)	01,08-GP/FP (28%)	11-INTERNAL MED (10%)
99285-Emergency dept visit	\$274,231,227	2,614,119	XXX	36%		0%	93-EMERGENCY MED (50%)	01,08-GP/FP (26%)	11-INTERNAL MED (10%)
724-Consultation - Inpatient									
Family Medicare Charges:	\$1091235194								
Family Private Payments:									
Percent of CPEP Medicare Charges:		8%							
Percent of CPEP Private Payments:									
99251-Initial inpatient consult	\$30,237,040	648,753	XXX	3%		0%	02-GNRL SURGERY (16%)	48-PODIATRY (11%)	34-UROLOGY (9%)
99252-Initial inpatient consult	\$66,250,406	1,091,012	XXX	6%		0%	02-GNRL SURGERY (15%)	11-INTERNAL MED (12%)	34-UROLOGY (9%)
99253-Initial inpatient consult	\$172,950,365	2,157,124	XXX	16%		0%	11-INTERNAL MED (15%)	06-CARDIOLOGY (14%)	02-GNRL SURGERY (10%)
99254-Initial inpatient consult	\$389,678,802	3,495,553	XXX	36%		0%	06-CARDIOLOGY (16%)	11-INTERNAL MED (15%)	13-NEUROLOGY (12%)
99255-Initial inpatient consult	\$253,218,089	1,791,910	XXX	23%		0%	06-CARDIOLOGY (19%)	11-INTERNAL MED (17%)	13-NEUROLOGY (11%)
99261-Follow-up inpatient consult	\$34,570,766	1,460,460	XXX	3%		0%	11-INTERNAL MED (26%)	06-CARDIOLOGY (12%)	13-NEUROLOGY (7%)
99262-Follow-up inpatient consult	\$80,847,823	1,975,397	XXX	7%		0%	11-INTERNAL MED (16%)	06-CARDIOLOGY (16%)	13-NEUROLOGY (10%)
99263-Follow-up inpatient consult	\$46,385,666	790,064	XXX	4%		0%	11-INTERNAL MED (23%)	06-CARDIOLOGY (18%)	13-NEUROLOGY (12%)
99271-Confirmatory consultation	\$923,768	23,958	XXX	0%		54%	30-RADIOLOGY (16%)	02-GNRL SURGERY (11%)	01,08-GP/FP (8%)
99272-Confirmatory consultation	\$1,555,757	28,528	XXX	0%		61%	18-OPHTHALMOLOGY (13%)	20-ORTHOPEDE SURG (12%)	02-GNRL SURGERY (10%)
99273-Confirmatory consultation	\$3,169,897	46,081	XXX	0%		61%	18-OPHTHALMOLOGY (18%)	20-ORTHOPEDE SURG (13%)	11-INTERNAL MED (9%)
99274-Confirmatory consultation	\$4,851,917	51,454	XXX	0%		63%	18-OPHTHALMOLOGY (20%)	11-INTERNAL MED (11%)	06-CARDIOLOGY (9%)

Procedure

99275-Confirmatory consultation
 99375-Care plan oversight/30-60
 51,803 1% 47% 11-INTERNAL MED (12%) 26-PSYCHIATRY (9%) 06-CARDIOLOGY (9%)
 \$6,594,898 XXX XXX (.)

728-Consultation - Office

Family Medicare Charges:\$629,071,367
 Family Private Payments:
 Percent of CPEP Medicare Charges: 5%
 Percent of CPEP Private Payments:
 99241-Office consultation 682,853 5% 84% 02-GNRL SURGERY (19%) 34-UROLOGY (10%) 07-DERMATOLOGY (9%)
 99242-Office consultation 1,141,864 11% 88% 02-GNRL SURGERY (15%) 34-UROLOGY (13%) 04-OTOLARYNG (9%)
 99243-Office consultation 1,798,334 22% 89% 18-OPHTHALMOLOGY (12%) 34-UROLOGY (11%) 02-GNRL SURGERY (9%)
 99244-Office consultation 2,287,271 40% 89% 13-NEUROLOGY (13%) 18-OPHTHALMOLOGY (11%) 11-INTERNAL MED (10%)
 99245-Office consultation 1,046,855 23% 88% 11-INTERNAL MED (13%) 13-NEUROLOGY (13%) 06-CARDIOLOGY (11%)

732-Home Visit, New Patient

Family Medicare Charges: \$14,711,219
 Family Private Payments:
 Percent of CPEP Medicare Charges: 0%
 Percent of CPEP Private Payments:
 99321-Rest home visit, new patient 37,309 9% 0% 48-PODIATRY (65%) 01-08-GP/FP (15%) 11-INTERNAL MED (8%)
 99322-Rest home visit, new patient 1,765,928 12% 0% 48-PODIATRY (45%) 01-08-GP/FP (24%) 11-INTERNAL MED (16%)
 99323-Rest home visit, new patient 30,604 13% 0% 11-INTERNAL MED (33%) 01-08-GP/FP (27%) 41-OPTOMETRIST (16%)
 99341-Home visit, new patient 63,199 20% 0% 48-PODIATRY (73%) 01-08-GP/FP (19%) 11-INTERNAL MED (3%)
 99342-Home visit, new patient 33,687,919 25% 0% 48-PODIATRY (55%) 01-08-GP/FP (27%) 11-INTERNAL MED (10%)
 99343-Home visit, new patient 44,822 22% 0% 01-08-GP/FP (48%) 11-INTERNAL MED (19%) 48-PODIATRY (14%)

736-Home Visit, Established Patient

Family Medicare Charges: \$88,126,769
 Family Private Payments:
 Percent of CPEP Medicare Charges: 1%
 Percent of CPEP Private Payments:
 99331-Rest home visit, estab pat 518,423 15% 0% 01-08-GP/FP (45%) 11-INTERNAL MED (28%) 48-PODIATRY (13%)
 99332-Rest home visit, estab pat 377,021 14% 0% 01-08-GP/FP (45%) 11-INTERNAL MED (30%) 48-PODIATRY (9%)
 99333-Rest home visit, estab pat 87,427 4% 0% 01-08-GP/FP (46%) 11-INTERNAL MED (36%) 26-PSYCHIATRY (4%)
 99351-Home visit, estab patient 435,479 18% 0% 01-08-GP/FP (40%) 48-PODIATRY (38%) 11-INTERNAL MED (14%)
 99352-Home visit, estab patient 554,984 29% 0% 01-08-GP/FP (45%) 48-PODIATRY (23%) 11-INTERNAL MED (21%)
 99353-Home visit, estab patient 285,259 19% 0% 01-08-GP/FP (44%) 11-INTERNAL MED (36%) 48-PODIATRY (6%)

740-Nursing Facility Care, Initial

Family Medicare Charges: \$99,706,360
 Family Private Payments:
 Percent of CPEP Medicare Charges: 1%
 Percent of CPEP Private Payments:
 99301-Nursing facility care 630,588 27% 1% 01-08-GP/FP (32%) 11-INTERNAL MED (28%) 48-PODIATRY (16%)
 99302-Nursing facility care 474,988 26% 1% 01-08-GP/FP (35%) 11-INTERNAL MED (32%) 48-PODIATRY (8%)
 99303-Nursing facility care 551,623 47% 1% 11-INTERNAL MED (41%) 01-08-GP/FP (34%) 70-GROUP PRAC (4%)

744-Nursing Facility Care, Subsequent

Family Medicare Charges:\$451,259,759
 Family Private Payments:
 Percent of CPEP Medicare Charges: 3%
 Percent of CPEP Private Payments:
 99311-Nursing facility care,subseq 7,353,500 43% 0% 01-08-GP/FP (44%) 11-INTERNAL MED (31%) 48-PODIATRY (6%)
 99312-Nursing facility care,subseq 5,309,956 44% 0% 01-08-GP/FP (39%) 11-INTERNAL MED (38%) 70-GROUP PRAC (6%)
 99313-Nursing facility care,subseq 1,295,926 13% 0% 11-INTERNAL MED (42%) 01-08-GP/FP (33%) 70-GROUP PRAC (4%)

748-Specialist - Psychiatry

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
Family Medicare Charges: \$746,224,804									
Family Private Payments: \$29,674,406									
Percent of CPEP Medicare Charges: 5%									
Percent of CPEP Private Payments: 97%									
90801-Psychiatric interview	\$61,126,048	740,700	XXX	8%	7%	28%	26-PSYCHIATRY (71%)	68-PSYCHOLOGIST (14%)	80-CLIN SOC WKR (5%)
90820-Diagnostic interview	\$2,288,850	32,835	XXX	0%	0%	12%	26-PSYCHIATRY (48%)	68-PSYCHOLOGIST (27%)	70-GROUP PRAC (10%)
90825-Evaluation of tests/records	\$2,266,312	50,303	XXX	0%	0%	13%	26-PSYCHIATRY (79%)	68-PSYCHOLOGIST (8%)	01-08-GP/FP (6%)
90835-Special interview	\$62,454	809	XXX	0%	0%	40%	26-PSYCHIATRY (65%)	70-GROUP PRAC (9%)	88-UNKNOWN SUPPL (8%)
90842-Psychotherapy, 75-80 min			XXX	0%	0%	0%	(.)	(.)	(.)
90843-Psychotherapy 20-30 min.	\$149,694,652	3,610,312	XXX	20%	10%	36%	26-PSYCHIATRY (81%)	68-PSYCHOLOGIST (7%)	70-GROUP PRAC (4%)
90844-Psychotherapy 45-50 min.	\$364,885,866	5,503,077	XXX	49%	71%	53%	26-PSYCHIATRY (59%)	68-PSYCHOLOGIST (22%)	80-CLIN SOC WKR (13%)
90845-Medical psychoanalysis	\$1,275,720	20,316	XXX	0%	0%	51%	26-PSYCHIATRY (86%)	80-CLIN SOC WKR (4%)	86-NEUROPSYCH (3%)
90846-Special family therapy	\$4,771,435	7,881	XXX	0%	0%	35%	26-PSYCHIATRY (50%)	68-PSYCHOLOGIST (13%)	60-PUB HLTH AGEN (13%)
90847-Special family therapy	\$4,755,641	67,231	XXX	1%	3%	58%	26-PSYCHIATRY (65%)	80-CLIN SOC WKR (14%)	68-PSYCHOLOGIST (12%)
90849-Special family therapy	\$80,088	1,112	XXX	0%	0%	14%	26-PSYCHIATRY (89%)	70-GROUP PRAC (6%)	80-CLIN SOC WKR (3%)
90853-Special group therapy	\$46,668,703	1,637,276	XXX	6%	3%	23%	26-PSYCHIATRY (88%)	68-PSYCHOLOGIST (26%)	80-CLIN SOC WKR (17%)
90855-Individual psychotherapy	\$14,575,367	200,286	XXX	2%	2%	24%	26-PSYCHIATRY (86%)	68-PSYCHOLOGIST (8%)	80-CLIN SOC WKR (3%)
90857-Special group therapy	\$866,486	37,570	XXX	0%	0%	15%	26-PSYCHIATRY (46%)	68-PSYCHOLOGIST (28%)	70-GROUP PRAC (8%)
90862-Medication management	\$92,188,553	2,344,678	XXX	12%	2%	30%	26-PSYCHIATRY (87%)	70-GROUP PRAC (5%)	01-08-GP/FP (2%)
90880-Medical hypnotherapy	\$650,066	7,943	XXX	0%	0%	70%	26-PSYCHIATRY (42%)	68-PSYCHOLOGIST (37%)	80-CLIN SOC WKR (9%)
90887-Consultation with family	\$1,205,323	22,642	XXX	0%	1%	31%	26-PSYCHIATRY (69%)	11-INTERNAL MED (13%)	70-GROUP PRAC (5%)
M0064-Visit for drug monitoring	\$3,157,240	175,437	XXX	0%	0%	46%	26-PSYCHIATRY (81%)	70-GROUP PRAC (16%)	60-PUB HLTH AGEN (1%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
Percent of CPEP Medicare Charges: 0%									
Percent of CPEP Private Payments: 3%									
90830-Psychological testing	\$33,336,305	562,609	XXX	91%	66%	29%	68-PSYCHOLOGIST (79%)	26-PSYCHIATRY (10%)	62-PSYCHOLOGIST (5%)
90900-Biofeedback, electromyogram	\$714,866	12,879	000	2%	20%	94%	25-PHYSICL-REHAB (31%)	34-UROLOGY (13%)	26-PSYCHIATRY (12%)
90902-Biofeedback, nerve impulse	\$767	17	000	0%	0%	100%	26-PSYCHIATRY (53%)	11-INTERNAL MED (41%)	48-PODIATRY (6%)
90904-Biofeedback, blood pressure	\$1,235	30	000	0%	0%	93%	13-NEUROLOGY (33%)	25-PHYSICL-REHAB (13%)	62-PSYCHOLOGIST (13%)
90906-Biofeedback, blood flow	\$19,591	276	000	0%	2%	96%	13-NEUROLOGY (30%)	26-PSYCHIATRY (18%)	62-PSYCHOLOGIST (14%)
90908-Biofeedback, brain waves	\$1,366	25	000	0%	0%	96%	68-PSYCHOLOGIST (56%)	26-PSYCHIATRY (28%)	11-INTERNAL MED (12%)
90910-Biofeedback, oculogram	\$158	4	000	0%	0%	100%	07-DERMATOLOGY (50%)	01-08-GP/FP (25%)	22-PATHOLOGY (25%)
90911-Anorectal biofeedback			000	0%	0%	0%	(.)	(.)	(.)
90915-Biofeedback, unspecified	\$233,978	4,336	000	1%	2%	86%	34-UROLOGY (45%)	26-PSYCHIATRY (28%)	70-GROUP PRAC (6%)
95880-Cerebral aphasia testing	\$88,380	2,005	XXX	0%	2%	66%	68-PSYCHOLOGIST (54%)	13-NEUROLOGY (32%)	26-PSYCHIATRY (7%)
95881-Cerebral developmental test	\$33,026	536	XXX	0%	3%	20%	62-PSYCHOLOGIST (52%)	68-PSYCHOLOGIST (27%)	11-INTERNAL MED (8%)
95882-Cognitive function testing	\$392,949	7,070	XXX	1%	5%	44%	68-PSYCHOLOGIST (44%)	13-NEUROLOGY (29%)	26-PSYCHIATRY (8%)
95883-Neuropsychological testing	\$1,963,093	48,074	XXX	5%	0%	37%	68-PSYCHOLOGIST (60%)	62-PSYCHOLOGIST (27%)	26-PSYCHIATRY (6%)
99178-Development evaluation tests	\$403	11	XXX	0%	0%	82%	11-INTERNAL MED (45%)	01-08-GP/FP (18%)	02-GNRL SURGERY (9%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
Percent of CPEP Medicare Charges: 0%									
Percent of CPEP Private Payments: 3%									
752-Neuropsychological Testing									
Family Medicare Charges: \$36,786,117									
Family Private Payments: \$839,593									

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
Percent of CPEP Medicare Charges: 0%									
Percent of CPEP Private Payments: 1%									
756-Electroconvulsive Therapy									
Family Medicare Charges: \$10,747,776									
Family Private Payments: \$195,148									
90870-Electroconvulsive therapy	\$10,022,861	140,376	000	93%	95%	3%	26-PSYCHIATRY (90%)	05-ANESTHESIA (4%)	70-GROUP PRAC (3%)
90871-Electroconvulsive therapy	\$724,915	6,889	000	7%	5%	2%	26-PSYCHIATRY (87%)	70-GROUP PRAC (7%)	86-NEUROPSYCH (2%)

CPEP 8 - GENERAL SURGERY

800-Superficial Needle Biopsy and Aspiration

Family Medicare Charges: \$23,370,128
 Family Private Payments: \$1,579,442

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Pct. of Family AllDchs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
19000-Drainage of breast lesion	\$1,043,803	28,207	4%	19%	85%	02-GHRL SURGERY (61%)	30-RADIOLOGY (16%)	01-08-GP/FP (7%)
19001-Drain added breast lesion	\$45,523	2,170	0%	1%	82%	02-GHRL SURGERY (64%)	30-RADIOLOGY (18%)	01-08-GP/FP (6%)
19100-Biopsy of breast	\$2,171,832	31,683	9%	10%	69%	02-GHRL SURGERY (56%)	30-RADIOLOGY (24%)	16-08-GYNECOLOGY (4%)
20206-Needle biopsy, muscle	\$320,482	4,362	1%	1%	34%	02-GHRL SURGERY (43%)	02-GHRL SURGERY (19%)	04-OTOLARYNG (16%)
32400-Needle biopsy chest lining	\$892,861	8,175	4%	1%	4%	30-RADIOLOGY (41%)	02-GHRL SURGERY (18%)	11-INTERNAL MED (12%)
32405-Biopsy, lung or mediastinum	\$6,774,553	43,792	29%	3%	2%	30-RADIOLOGY (86%)	29-PULMONARY DIS (6%)	70-GROUP PRAC (3%)
36470-Injection therapy of vein	\$120,841	4,341	1%	3%	92%	02-GHRL SURGERY (41%)	07-DERMATOLOGY (18%)	01-08-GP/FP (13%)
36471-Injection therapy of veins	\$2,723,585	102,561	12%	45%	87%	33-THORACIC SURG (60%)	02-GHRL SURGERY (13%)	77-VASCULAR SURG (10%)
42400-Biopsy of salivary gland	\$125,140	2,218	1%	0%	70%	04-OTOLARYNG (72%)	02-GHRL SURGERY (12%)	70-GROUP PRAC (3%)
47000-Needle biopsy of liver	\$4,197,100	38,568	18%	12%	3%	30-RADIOLOGY (54%)	10-GASTROENTER (24%)	02-GHRL SURGERY (9%)
47001-Needle biopsy, liver	\$646,917	6,893	3%	1%	3%	02-GHRL SURGERY (76%)	30-RADIOLOGY (5%)	33-THORACIC SURG (3%)
48102-Needle biopsy, pancreas	\$1,143,313	5,605	5%	5%	3%	30-RADIOLOGY (86%)	02-GHRL SURGERY (7%)	70-GROUP PRAC (4%)
49180-Biopsy, abdominal mass	\$2,011,668	14,429	9%	1%	6%	30-RADIOLOGY (86%)	02-GHRL SURGERY (4%)	70-GROUP PRAC (3%)
60001-Aspirate/inject thyroid cyst						(.)	(.)	(.)
60100-Biopsy of thyroid	\$896,389	12,917	4%	5%	70%	46-ENDOCRINOLOGY (24%)	02-GHRL SURGERY (23%)	04-OTOLARYNG (15%)
67415-Aspiration orbital contents	\$16,402	132	0%	0%	39%	18-OPHTHALMOLOGY (73%)	01-08-GP/FP (9%)	04-OTOLARYNG (9%)
71036-X-ray guidance for biopsy	\$239,719	7,459	1%	0%	4%	30-RADIOLOGY (89%)	70-GROUP PRAC (5%)	29-PULMONARY DIS (3%)
76095-Stereotactic breast biopsy						(.)	(.)	(.)

804-Simple Incision and Excision of Breast

Family Medicare Charges: \$48,721,187
 Family Private Payments: \$4,541,716

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Pct. of Family AllDchs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
19101-Biopsy of breast	\$4,047,137	21,911	8%	8%	26%	02-GHRL SURGERY (52%)	30-RADIOLOGY (16%)	05-ANESTHESIA (10%)
19120-Removal of breast lesion	\$39,090,693	139,491	80%	87%	6%	02-GHRL SURGERY (83%)	49-ASC (6%)	70-GROUP PRAC (3%)
19126-Excision, breast lesion						(.)	(.)	(.)
19126-Excision, add'l breast lesion						(.)	(.)	(.)
19290-Place needle wire, breast	\$2,456,771	44,010	5%	0%	11%	30-RADIOLOGY (92%)	70-GROUP PRAC (3%)	02-GHRL SURGERY (3%)
19291-Place needle wire, breast	\$67,370	2,143	0%	0%	15%	30-RADIOLOGY (91%)	70-GROUP PRAC (5%)	02-GHRL SURGERY (2%)
19396-Design custom breast implant	\$250	1	0%	0%	100%	24-PLASTIC SURG (100%)	(.)	(.)
76096-X-ray of needle wire, breast	\$3,058,966	94,707	6%	5%	14%	30-RADIOLOGY (93%)	70-GROUP PRAC (3%)	02-GHRL SURGERY (2%)

808-Breast Procedures

Family Medicare Charges: \$68,914,939
 Family Private Payments: \$6,532,984

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Pct. of Family AllDchs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
19110-Nipple exploration	\$141,797	650	0%	0%	8%	02-GHRL SURGERY (81%)	49-ASC (6%)	70-GROUP PRAC (3%)
19112-Excise breast duct fistula	\$20,980	104	0%	0%	8%	02-GHRL SURGERY (69%)	49-ASC (7%)	70-GROUP PRAC (7%)
19140-Removal of breast tissue	\$1,377,838	3,493	2%	3%	4%	02-GHRL SURGERY (84%)	49-ASC (4%)	24-PLASTIC SURG (3%)
19160-Removal of breast tissue	\$8,485,100	21,121	12%	9%	3%	02-GHRL SURGERY (83%)	91-SURG ONCOLOGY (4%)	49-ASC (3%)
19162-Remove breast tissue, nodes	\$9,001,896	13,247	13%	7%	1%	02-GHRL SURGERY (82%)	01-08-GP/FP (5%)	70-GROUP PRAC (3%)
19180-Removal of breast	\$3,531,343	8,667	5%	3%	3%	02-GHRL SURGERY (80%)	01-08-GP/FP (5%)	70-GROUP PRAC (3%)
19182-Removal of breast	\$413,156	831	1%	1%	2%	02-GHRL SURGERY (72%)	49-ASC (8%)	70-GROUP PRAC (3%)
19200-Removal of breast	\$764,915	1,166	1%	0%	2%	02-GHRL SURGERY (76%)	01-08-GP/FP (8%)	24-PLASTIC SURG (6%)
19220-Removal of breast	\$157,388	241	0%	0%	2%	02-GHRL SURGERY (71%)	01-08-GP/FP (12%)	70-GROUP PRAC (3%)
19240-Removal of breast	\$37,294,814	59,759	54%	24%	1%	02-GHRL SURGERY (81%)	01-08-GP/FP (7%)	16-08-GYNECOLOGY (4%)
19316-Suspension of breast	\$130,977	143	0%	1%	2%	24-PLASTIC SURG (77%)	02-GHRL SURGERY (17%)	70-GROUP PRAC (2%)
19318-Reduction of large breast	\$3,585,457	2,778	5%	25%	3%	24-PLASTIC SURG (84%)	02-GHRL SURGERY (6%)	01-08-GP/FP (1%)

Top Medicare Specialties (% of Procedure Volume)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Specialty		
							First Specialty	Second Specialty	Third Specialty

19324-Enlarge breast	\$5,992	13	090	0%	.	8%	02-GNRL SURGERY (62%)	91-SURG ONCOLOGY (15%)	01,08-GP/FP (8%)
19325-Enlarge breast with implant	\$24,390	54	090	0%	1%	7%	24-PLASTIC SURG (78%)	02-GNRL SURGERY (13%)	70-GROUP PRAC (7%)
19328-Removal of breast implant	\$206,881	841	090	0%	1%	7%	24-PLASTIC SURG (74%)	02-GNRL SURGERY (13%)	49-ASC (9%)
19330-Removal of implant material	\$154,945	570	090	0%	1%	8%	24-PLASTIC SURG (76%)	02-GNRL SURGERY (11%)	49-ASC (8%)
19340-Immediate breast prosthesis	\$446,555	589	222	1%	4%	2%	24-PLASTIC SURG (82%)	02-GNRL SURGERY (8%)	49-ASC (5%)
19342-Delayed breast prosthesis	\$369,186	515	090	1%	3%	3%	24-PLASTIC SURG (85%)	49-ASC (6%)	02-GNRL SURGERY (5%)
19350-Breast reconstruction	\$289,501	627	090	0%	4%	15%	24-PLASTIC SURG (77%)	02-GNRL SURGERY (10%)	49-ASC (8%)
19355-Correct inverted nipple(s)	\$6,096	20	090	0%	.	35%	02-GNRL SURGERY (60%)	24-PLASTIC SURG (30%)	34-UROLOGY (5%)
19357-Breast reconstruction	\$727,610	864	090	1%	.	4%	24-PLASTIC SURG (84%)	02-GNRL SURGERY (9%)	49-ASC (3%)
19361-Breast reconstruction	\$272,708	198	090	0%	.	2%	24-PLASTIC SURG (81%)	02-GNRL SURGERY (12%)	70-GROUP PRAC (4%)
19364-Breast reconstruction	\$57,220	62	090	0%	.	5%	24-PLASTIC SURG (71%)	02-GNRL SURGERY (8%)	70-GROUP PRAC (8%)
19366-Breast reconstruction	\$170,203	146	090	0%	4%	3%	24-PLASTIC SURG (57%)	02-GNRL SURGERY (19%)	49-ASC (12%)
19367-Breast reconstruction	.	.	090	.	.	.	(.)	(.)	(.)
19368-Breast reconstruction	.	.	090	.	.	.	(.)	(.)	(.)
19369-Breast reconstruction	.	.	090	.	.	.	(.)	(.)	(.)
19370-Surgery of breast capsule	\$154,639	369	090	0%	2%	6%	24-PLASTIC SURG (82%)	49-ASC (11%)	02-GNRL SURGERY (3%)
19371-Removal of breast capsule	\$811,584	1,245	090	1%	4%	5%	24-PLASTIC SURG (89%)	49-ASC (6%)	02-GNRL SURGERY (3%)
19380-Revise breast reconstruction	\$311,768	571	090	0%	3%	9%	24-PLASTIC SURG (81%)	49-ASC (9%)	02-GNRL SURGERY (6%)

812-Esophagus

Family Medicare Charges: \$6,411,878
 Family Private Payments: \$202,229
 Percent of CPEP Medicare Charges: 1%
 Percent of CPEP Private Payments: 0%

43045-Incision of esophagus	\$10,504	14	090	0%	.	7%	33-THORACIC SURG (36%)	02-GNRL SURGERY (29%)	78-CARDIAC SURG (14%)
43100-Excision of esophagus lesion	\$20,609	54	090	0%	.	7%	04-OTOLARYNG (35%)	02-GNRL SURGERY (19%)	33-THORACIC SURG (17%)
43101-Excision of esophagus lesion	\$34,310	59	090	1%	.	0%	33-THORACIC SURG (37%)	02-GNRL SURGERY (34%)	78-CARDIAC SURG (8%)
43107-Removal of esophagus	.	.	090	.	.	.	(.)	(.)	(.)
43108-Removal of esophagus	.	.	090	.	.	.	(.)	(.)	(.)
43112-Removal of esophagus	.	.	090	.	.	.	(.)	(.)	(.)
43113-Removal of esophagus	.	.	090	.	.	.	(.)	(.)	(.)
43116-Partial removal of esophagus	.	.	090	.	.	.	(.)	(.)	(.)
43117-Partial removal of esophagus	.	.	090	.	.	.	(.)	(.)	(.)
43118-Partial removal of esophagus	.	.	090	.	.	.	(.)	(.)	(.)
43121-Partial removal of esophagus	.	.	090	.	.	.	(.)	(.)	(.)
43122-Partial removal of esophagus	.	.	090	.	.	.	(.)	(.)	(.)
43123-Partial removal of esophagus	.	.	090	.	.	.	(.)	(.)	(.)
43124-Removal of esophagus	.	.	090	.	.	.	(.)	(.)	(.)
43130-Removal of esophagus pouch	\$1,153,512	2,000	090	18%	.	2%	04-OTOLARYNG (40%)	02-GNRL SURGERY (33%)	33-THORACIC SURG (15%)
43135-Removal of esophagus pouch	\$108,188	158	090	2%	.	0%	33-THORACIC SURG (39%)	02-GNRL SURGERY (9%)	78-CARDIAC SURG (9%)
43300-Repair of esophagus	\$71,405	155	090	1%	.	18%	02-GNRL SURGERY (21%)	04-OTOLARYNG (20%)	33-THORACIC SURG (15%)
43305-Repair esophagus and fistula	\$60,945	73	090	1%	.	3%	04-OTOLARYNG (78%)	02-GNRL SURGERY (8%)	10-GASTROENTER (4%)
43310-Repair of esophagus	\$183,066	188	090	3%	.	1%	33-THORACIC SURG (42%)	02-GNRL SURGERY (30%)	70-GROUP PRAC (8%)
43312-Repair esophagus and fistula	\$15,782	17	090	0%	.	0%	33-THORACIC SURG (47%)	02-GNRL SURGERY (18%)	04-OTOLARYNG (18%)
43320-Fuse esophagus & stomach	\$212,560	330	090	3%	.	2%	02-GNRL SURGERY (45%)	11-INTERNAL MED (17%)	33-THORACIC SURG (14%)
43324-Revise esophagus & stomach	\$3,279,415	4,622	090	51%	100%	1%	02-GNRL SURGERY (77%)	33-THORACIC SURG (9%)	01,08-GP/FP (5%)
43325-Revise esophagus & stomach	\$126,063	201	090	2%	.	0%	02-GNRL SURGERY (72%)	33-THORACIC SURG (9%)	01,08-GP/FP (5%)
43326-Revise esophagus & stomach	\$46,191	93	090	1%	.	0%	33-THORACIC SURG (53%)	02-GNRL SURGERY (20%)	70-GROUP PRAC (11%)
43330-Repair of esophagus	\$94,976	189	090	1%	.	19%	02-GNRL SURGERY (52%)	33-THORACIC SURG (14%)	01,08-GP/FP (13%)
43331-Repair of esophagus	\$161,395	217	090	3%	.	0%	33-THORACIC SURG (41%)	02-GNRL SURGERY (37%)	70-GROUP PRAC (6%)
43340-Fuse esophagus & Intestine	\$61,931	103	090	1%	.	1%	02-GNRL SURGERY (69%)	78-CARDIAC SURG (12%)	33-THORACIC SURG (7%)
43341-Fuse esophagus & Intestine	\$20,628	38	090	0%	.	3%	02-GNRL SURGERY (55%)	33-THORACIC SURG (37%)	10-GASTROENTER (3%)
43350-Surgical opening, esophagus	\$11,111	26	090	0%	.	12%	02-GNRL SURGERY (27%)	33-THORACIC SURG (23%)	04-OTOLARYNG (15%)

Procedure	1993 MC Allowed Charges		1993 MC Service Units		Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)				
	First Specialty			Second Specialty				Third Specialty				
	1993 MC Allowed Charges	1993 MC Service Units	Global Period	1993 MC Allowed Charges				1993 MC Service Units	Global Period	1993 MC Allowed Charges	1993 MC Service Units	Global Period
43351-Surgical opening, esophagus	\$12,255	30	090	\$12,255	30	090	7%	02-GNRL SURGERY (43%)	33-THORACIC SURG (23%)	10-GASTROENTER (10%)		
43352-Surgical opening, esophagus	\$108,033	241	090	\$108,033	241	090	1%	02-GNRL SURGERY (41%)	04-OTOLARYNG (24%)	33-THORACIC SURG (21%)		
43360-Gastrointestinal repair	-	-	090	-	-	090	-	(.)	(.)	(.)		
43361-Gastrointestinal repair	-	-	090	-	-	090	-	(.)	(.)	(.)		
43400-Ligate esophagus veins	\$167,978	236	090	\$167,978	236	090	1%	10-GASTROENTER (63%)	11-INTERNAL MED (15%)	02-GNRL SURGERY (12%)		
43401-Esophagus surgery for veins	\$4,240	7	090	\$4,240	7	090	14%	02-GNRL SURGERY (86%)	33-THORACIC SURG (14%)	(.)		
43405-Ligate/staple esophagus	-	-	090	-	-	090	-	(.)	(.)	(.)		
43410-Repair esophagus wound	\$54,690	140	090	\$54,690	140	090	20%	02-GNRL SURGERY (29%)	33-THORACIC SURG (29%)	01,08-GP/FP (16%)		
43415-Repair esophagus wound	\$256,900	362	090	\$256,900	362	090	4%	02-GNRL SURGERY (46%)	33-THORACIC SURG (34%)	78-CARDIAC SURG (7%)		
43420-Repair esophagus opening	\$46,478	697	090	\$46,478	697	090	86%	01,08-GP/FP (50%)	11-INTERNAL MED (25%)	04-OTOLARYNG (7%)		
43425-Repair esophagus opening	\$26,924	46	090	\$26,924	46	090	4%	02-GNRL SURGERY (39%)	33-THORACIC SURG (33%)	10-GASTROENTER (9%)		
43460-Pressure treatment esophagus	\$63,789	607	000	\$63,789	607	000	2%	10-GASTROENTER (68%)	11-INTERNAL MED (13%)	02-GNRL SURGERY (11%)		

Procedure	1993 MC Allowed Charges	1993 MC Service Units	Global Period	Percent of CPEP Medicare Charges:	Percent of CPEP Private Payments:
816-Diaphragm	\$3,058,186	0%	090	0%	0%
Family Medicare Payments:	\$52,161				
Family Private Payments:					

Procedure	1993 MC Allowed Charges	1993 MC Service Units	Global Period	Percent of CPEP Medicare Charges:	Percent of CPEP Private Payments:
39501-Repair diaphragm laceration	\$162,915	322	090	5%	02-GNRL SURGERY (70%)
39502-Repair paraesophageal hernia	\$2,147,273	3,099	090	70%	02-GNRL SURGERY (77%)
39503-Repair of diaphragm hernia	\$20,851	19	090	1%	02-GNRL SURGERY (53%)
39520-Repair of diaphragm hernia	\$379,955	533	090	12%	02-GNRL SURGERY (42%)
39530-Repair of diaphragm hernia	\$76,085	119	090	2%	02-GNRL SURGERY (58%)
39531-Repair of diaphragm hernia	\$16,504	26	090	1%	02-GNRL SURGERY (35%)
39540-Repair of diaphragm hernia	\$107,443	178	090	4%	02-GNRL SURGERY (72%)
39541-Repair of diaphragm hernia	\$134,163	243	090	4%	02-GNRL SURGERY (79%)
39545-Revision of diaphragm	\$12,997	25	090	0%	02-GNRL SURGERY (44%)

Procedure	1993 MC Allowed Charges	1993 MC Service Units	Global Period	Percent of CPEP Medicare Charges:	Percent of CPEP Private Payments:
820-Gastric Procedures	\$43,745,250	6%	090	6%	2%
Family Medicare Payments:	\$927,625				
Family Private Payments:					

Procedure	1993 MC Allowed Charges	1993 MC Service Units	Global Period	Percent of CPEP Medicare Charges:	Percent of CPEP Private Payments:
43500-Surgical opening of stomach	\$325,143	1,020	090	1%	02-GNRL SURGERY (75%)
43501-Surgical repair of stomach	\$1,341,947	2,549	090	3%	02-GNRL SURGERY (78%)
43502-Surgical repair of stomach	\$155,860	429	090	0%	02-GNRL SURGERY (28%)
43510-Surgical opening of stomach	\$48,388	276	090	0%	02-GNRL SURGERY (42%)
43520-Incision of pyloric muscle	\$157,883	555	090	0%	02-GNRL SURGERY (83%)
43605-Biopsy of stomach	\$1,190,026	2,584	090	3%	02-GNRL SURGERY (81%)
43610-Excision of stomach lesion	\$2,208,301	2,159	090	5%	02-GNRL SURGERY (82%)
43620-Removal of stomach	-	-	090	-	(.)
43621-Removal of stomach	-	-	090	-	(.)
43622-Removal of stomach	-	-	090	-	(.)
43631-Removal of stomach, partial	-	-	090	-	(.)
43632-Removal of stomach, partial	-	-	090	-	(.)
43633-Removal of stomach, partial	-	-	090	-	(.)
43634-Removal of stomach, partial	-	-	090	-	(.)
43635-Partial removal of stomach	\$4,179,294	4,878	222	10%	02-GNRL SURGERY (82%)
43638-Partial removal of stomach	\$1,859,016	2,113	090	4%	02-GNRL SURGERY (81%)
43639-Removal of stomach, partial	\$3,851,915	5,917	090	9%	02-GNRL SURGERY (80%)
43640-Vagotomy & pylorus repair	\$101,305	206	090	0%	02-GNRL SURGERY (76%)
43641-Vagotomy & pylorus repair	\$458,715	1,357	090	1%	02-GNRL SURGERY (77%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty

43810-Fusion of stomach and bowel	\$122,611	305	090	0%	0%	0%	02-GNRL SURGERY (76%)	01,08-GP/FP (5%)	11-INTERNAL MED (5%)
43820-Fusion of stomach and bowel	\$3,318,651	7,472	090	8%	7%	0%	02-GNRL SURGERY (81%)	01,08-GP/FP (5%)	33-THORACIC SURG (3%)
43825-Fusion of stomach and bowel	\$621,989	874	090	1%	0%	1%	02-GNRL SURGERY (80%)	01,08-GP/FP (6%)	70-GROUP PRAC (4%)
43830-Place gastrostomy tube	\$10,502,291	26,976	090	26%	14%	1%	02-GNRL SURGERY (73%)	10-GASTROENTER (9%)	33-THORACIC SURG (3%)
43831-Place gastrostomy tube	\$79,104	254	090	0%	0%	1%	02-GNRL SURGERY (87%)	10-GASTROENTER (6%)	01,08-GP/FP (1%)
43832-Place gastrostomy tube	\$6,327,268	10,151	090	16%	3%	0%	02-GNRL SURGERY (69%)	10-GASTROENTER (14%)	11-INTERNAL MED (4%)
43840-Repair of stomach lesion	\$4,724,557	9,108	090	11%	9%	1%	02-GNRL SURGERY (82%)	01,08-GP/FP (6%)	70-GROUP PRAC (3%)
43842-Gastroplasty for obesity	\$176,658	230	090	0%	0%	0%	02-GNRL SURGERY (82%)	70-GROUP PRAC (5%)	01,08-GP/FP (4%)
43843-Gastroplasty for obesity	\$60,459	78	090	0%	0%	0%	02-GNRL SURGERY (58%)	01,08-GP/FP (37%)	16-OB-GYNECOLOGY (1%)
43846-Gastric bypass for obesity	\$290,062	363	090	1%	26%	0%	02-GNRL SURGERY (78%)	70-GROUP PRAC (8%)	01,08-GP/FP (4%)
43847-Gastric bypass for obesity	-	-	090	-	-	-	(.)	(.)	(.)
43848-Revision gastroplasty	-	-	090	-	-	-	(.)	(.)	(.)
43850-Revise stomach-bowel fusion	\$128,260	260	090	0%	0%	0%	02-GNRL SURGERY (59%)	05-ANESTHESIA (27%)	01,08-GP/FP (6%)
43855-Revise stomach-bowel fusion	\$21,853	26	090	0%	0%	0%	02-GNRL SURGERY (77%)	70-GROUP PRAC (8%)	01,08-GP/FP (4%)
43860-Revise stomach-bowel fusion	\$949,594	1,210	090	2%	0%	1%	02-GNRL SURGERY (85%)	01,08-GP/FP (3%)	70-GROUP PRAC (3%)
43865-Revise stomach-bowel fusion	\$130,025	153	090	0%	0%	0%	02-GNRL SURGERY (84%)	01,08-GP/FP (5%)	33-THORACIC SURG (5%)
43870-Repair stomach opening	\$315,668	821	090	1%	0%	3%	02-GNRL SURGERY (77%)	10-GASTROENTER (6%)	01,08-GP/FP (4%)
43880-Repair stomach-bowel fistula	\$98,607	172	090	0%	0%	1%	02-GNRL SURGERY (84%)	70-GROUP PRAC (3%)	33-THORACIC SURG (3%)

824-Small Intestinal Procedures
 Family Medicare Charges: \$70,880,063
 Family Private Payments: \$1,894,300
 Percent of CPEP Medicare Charges: 9%
 Percent of CPEP Private Payments: 4%

44005-Freeing of bowel adhesion	\$21,294,282	38,093	090	30%	38%	1%	02-GNRL SURGERY (77%)	01,08-GP/FP (6%)	16-OB-GYNECOLOGY (3%)
44010-Incision of small bowel	\$409,174	1,208	090	1%	0%	1%	02-GNRL SURGERY (82%)	01,08-GP/FP (4%)	33-THORACIC SURG (3%)
44015-Insert needle catheter, bowel	\$3,947,335	13,554	222	6%	1%	0%	02-GNRL SURGERY (67%)	30-RADIOLOGY (13%)	33-THORACIC SURG (5%)
44020-Exploration of small bowel	\$784,702	1,722	090	1%	0%	1%	02-GNRL SURGERY (79%)	01,08-GP/FP (6%)	33-THORACIC SURG (3%)
44021-Decompress small bowel	\$897,292	2,508	090	1%	0%	1%	02-GNRL SURGERY (78%)	01,08-GP/FP (7%)	33-THORACIC SURG (3%)
44025-Incision of large bowel	\$644,961	1,496	090	1%	0%	1%	02-GNRL SURGERY (78%)	01,08-GP/FP (7%)	28-COLORECTAL (5%)
44050-Reduce bowel obstruction	\$1,816,967	3,925	090	3%	4%	0%	02-GNRL SURGERY (76%)	01,08-GP/FP (10%)	70-GROUP PRAC (3%)
44055-Correct malrotation of bowel	\$136,188	287	090	0%	0%	0%	02-GNRL SURGERY (77%)	01,08-GP/FP (8%)	70-GROUP PRAC (5%)
44110-Excision of bowel lesion(s)	\$1,242,819	3,023	090	2%	2%	1%	02-GNRL SURGERY (74%)	01,08-GP/FP (6%)	16-OB-GYNECOLOGY (5%)
44111-Excision of bowel lesion(s)	\$283,971	517	090	0%	0%	1%	02-GNRL SURGERY (73%)	01,08-GP/FP (6%)	28-COLORECTAL (5%)
44120-Removal of small intestine	\$21,608,643	38,975	090	30%	31%	1%	02-GNRL SURGERY (79%)	01,08-GP/FP (5%)	70-GROUP PRAC (3%)
44121-Removal of small intestine	-	-	222	-	-	-	(.)	(.)	(.)
44125-Removal of small intestine	\$682,447	972	090	1%	0%	1%	02-GNRL SURGERY (79%)	70-GROUP PRAC (5%)	01,08-GP/FP (4%)
44130-Bowel to bowel fusion	\$3,321,613	6,567	090	5%	5%	0%	02-GNRL SURGERY (78%)	01,08-GP/FP (5%)	28-COLORECTAL (3%)
44300-Open bowel to skin	\$2,427,979	6,766	090	3%	3%	1%	02-GNRL SURGERY (79%)	33-THORACIC SURG (4%)	70-GROUP PRAC (4%)
44312-Revision of ileostomy	\$82,570	385	090	0%	0%	13%	02-GNRL SURGERY (57%)	34-UROLOGY (26%)	70-GROUP PRAC (5%)
44340-Revision of colostomy	\$231,881	1,387	090	0%	0%	9%	02-GNRL SURGERY (78%)	01,08-GP/FP (6%)	28-COLORECTAL (4%)
44345-Revision of colostomy	\$845,245	2,424	090	1%	0%	1%	02-GNRL SURGERY (78%)	28-COLORECTAL (6%)	01,08-GP/FP (4%)
44346-Revision of colostomy	\$993,432	2,257	090	1%	0%	1%	02-GNRL SURGERY (75%)	28-COLORECTAL (8%)	01,08-GP/FP (4%)
44602-Suture, small intestine	-	-	090	-	-	-	(.)	(.)	(.)
44603-Suture, small intestine	-	-	090	-	-	-	(.)	(.)	(.)
44604-Suture, large intestine	-	-	090	-	-	-	(.)	(.)	(.)
44605-Repair of bowel lesion	\$350,626	565	090	0%	0%	1%	02-GNRL SURGERY (74%)	01,08-GP/FP (7%)	33-THORACIC SURG (3%)
44615-Intestinal stricturoplasty	-	-	090	-	-	-	(.)	(.)	(.)
44620-Repair bowel opening	\$1,506,203	4,135	090	2%	3%	1%	02-GNRL SURGERY (77%)	28-COLORECTAL (6%)	01,08-GP/FP (4%)
44625-Repair bowel opening	\$4,834,564	8,058	090	7%	11%	1%	02-GNRL SURGERY (78%)	01,08-GP/FP (5%)	28-COLORECTAL (5%)
44640-Repair bowel-skin fistula	\$449,052	951	090	1%	0%	1%	02-GNRL SURGERY (79%)	70-GROUP PRAC (4%)	01,08-GP/FP (4%)
44650-Repair bowel fistula	\$227,742	578	090	0%	0%	1%	02-GNRL SURGERY (77%)	01,08-GP/FP (6%)	28-COLORECTAL (3%)
44660-Repair bowel-bladder fistula	\$164,650	384	090	0%	0%	3%	02-GNRL SURGERY (51%)	34-UROLOGY (32%)	28-COLORECTAL (5%)

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Procedure

44661-Repair bowel-bladder fistula	\$803,001	992	090	1%	1%	02-GNRL SURGERY (63%)	34-UROLOGY (19%)	28-COLORECTAL (5%)
44680-Surgical revision, intestine	\$154,613	281	090	0%	0%	02-GNRL SURGERY (81%)	01,08-GP/FP (5%)	33-THORACIC SURG (5%)
44800-Excision of bowel pouch	\$384,109	1,458	090	1%	2%	02-GNRL SURGERY (76%)	01,08-GP/FP (6%)	16-OB-GYNECOLOGY (3%)
44820-Excision of mesentery lesion	\$126,233	497	090	0%	0%	02-GNRL SURGERY (77%)	16-OB-GYNECOLOGY (4%)	33-THORACIC SURG (4%)
44850-Repair of mesentery	\$47,291	202	090	0%	0%	02-GNRL SURGERY (80%)	01,08-GP/FP (6%)	33-THORACIC SURG (2%)
74355-X-ray guide, intestinal tube	\$180,478	4,200	XXX	0%	0%	30-RADIOLOGY (86%)	70-GROUP PRAC (8%)	94-INTERVEN RAD (5%)

828-Hernia Procedures

Family Medicare Charges: \$94,674,412
 Family Private Payments: \$6,569,587
 Percent of CPEP Medicare Charges: 12%
 Percent of CPEP Private Payments: 15%

49250-Excision of umbilicus	\$96,898	368	090	0%	0%	02-GNRL SURGERY (77%)	16-OB-GYNECOLOGY (6%)	01,08-GP/FP (4%)
49495-Repair inguinal hernia, init	-	-	090	-	-	(.)	(.)	(.)
49496-Repair inguinal hernia, init	-	-	090	-	-	(.)	(.)	(.)
49500-Repair inguinal hernia	\$119,414	408	090	0%	11%	02-GNRL SURGERY (65%)	34-UROLOGY (10%)	01,08-GP/FP (9%)
49501-Repair inguinal hernia, init	-	-	090	-	1%	(.)	(.)	(.)
49505-Repair inguinal hernia	\$52,310,829	155,708	090	55%	58%	02-GNRL SURGERY (79%)	01,08-GP/FP (5%)	49-ASC (4%)
49507-Repair, inguinal hernia	-	-	090	-	-	(.)	(.)	(.)
49520-Rerepair inguinal hernia	\$9,786,465	24,733	090	10%	8%	02-GNRL SURGERY (81%)	01,08-GP/FP (5%)	49-ASC (3%)
49521-Repair inguinal hernia, rec	-	-	090	-	-	(.)	(.)	(.)
49525-Repair inguinal hernia	\$2,847,091	7,229	090	3%	1%	02-GNRL SURGERY (81%)	01,08-GP/FP (5%)	70-GROUP PRAC (2%)
49540-Repair lumbar hernia	\$115,658	311	090	0%	0%	02-GNRL SURGERY (78%)	34-UROLOGY (5%)	01,08-GP/FP (4%)
49550-Repair femoral hernia	\$2,508,976	8,084	090	3%	2%	02-GNRL SURGERY (82%)	01,08-GP/FP (5%)	70-GROUP PRAC (3%)
49553-Repair femoral hernia, init	-	-	090	-	-	(.)	(.)	(.)
49555-Repair femoral hernia	\$399,753	1,006	090	0%	0%	02-GNRL SURGERY (79%)	01,08-GP/FP (6%)	70-GROUP PRAC (3%)
49557-Repair femoral hernia, recur	-	-	090	-	-	(.)	(.)	(.)
49560-Repair abdominal hernia	\$20,942,561	55,955	090	22%	15%	02-GNRL SURGERY (79%)	01,08-GP/FP (5%)	33-THORACIC SURG (3%)
49561-Repair incisional hernia	-	-	090	-	-	(.)	(.)	(.)
49565-Rerepair abdominal hernia	\$4,525,255	10,885	090	5%	3%	02-GNRL SURGERY (82%)	01,08-GP/FP (5%)	33-THORACIC SURG (3%)
49566-Repair incisional hernia	-	-	090	-	-	(.)	(.)	(.)
49568-Hernia repair w/mesh	-	-	ZZZ	-	-	(.)	(.)	(.)
49570-Repair epigastric hernia	\$423,395	1,555	090	0%	1%	02-GNRL SURGERY (81%)	01,08-GP/FP (4%)	33-THORACIC SURG (3%)
49572-Repair, epigastric hernia	-	-	090	-	-	(.)	(.)	(.)
49580-Repair umbilical hernia	\$106,325	535	090	0%	1%	02-GNRL SURGERY (79%)	01,08-GP/FP (5%)	33-THORACIC SURG (3%)
49582-Repair umbilical hernia	-	-	090	-	-	(.)	(.)	(.)
49585-Repair umbilical hernia	-	-	090	-	-	(.)	(.)	(.)
49587-Repair umbilical hernia	-	-	090	-	-	(.)	(.)	(.)
49590-Repair abdominal hernia	\$464,709	1,218	090	0%	0%	02-GNRL SURGERY (82%)	01,08-GP/FP (6%)	33-THORACIC SURG (3%)
49600-Repair umbilical lesion	\$8,677	37	090	0%	11%	02-GNRL SURGERY (54%)	01,08-GP/FP (14%)	16-OB-GYNECOLOGY (8%)
49606-Repair umbilical lesion	\$13,307	19	090	0%	0%	02-GNRL SURGERY (89%)	11-INTERNAL MED (5%)	77-VASCULAR SURG (5%)
49610-Repair umbilical lesion	\$5,099	24	090	0%	0%	02-GNRL SURGERY (71%)	01,08-GP/FP (17%)	16-OB-GYNECOLOGY (4%)

832-Appendectomy and Miscellaneous Abdominal Procedures

Family Medicare Charges: \$48,152,102
 Family Private Payments: \$5,525,571
 Percent of CPEP Medicare Charges: 6%
 Percent of CPEP Private Payments: 12%

22900-Remove abdominal wall lesion	\$485,841	1,862	090	1%	0%	02-GNRL SURGERY (75%)	01,08-GP/FP (4%)	49-ASC (4%)
44900-Drainage of appendix abscess	\$110,245	467	090	0%	0%	02-GNRL SURGERY (74%)	01,08-GP/FP (6%)	30-RADIOLOGY (5%)
44950-Appendectomy	\$2,906,925	9,304	090	6%	36%	02-GNRL SURGERY (77%)	01,08-GP/FP (7%)	16-OB-GYNECOLOGY (4%)
44955-Appendectomy	\$680,198	2,994	ZZZ	1%	1%	02-GNRL SURGERY (61%)	16-OB-GYNECOLOGY (18%)	34-UROLOGY (5%)
44960-Appendectomy	\$2,607,073	6,341	090	5%	10%	02-GNRL SURGERY (81%)	01,08-GP/FP (7%)	33-THORACIC SURG (3%)
49000-Exploration of abdomen	\$13,740,087	32,054	090	29%	27%	02-GNRL SURGERY (69%)	16-OB-GYNECOLOGY (8%)	01,08-GP/FP (5%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDchs	Pct. of Family Privlms Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
49002-Reopening of abdomen	\$1,165,209	3,031	090	2%	0%	02-GHRL SURGERY (74%)	70-GROUP PRAC (4%)	77-VASCULAR SURG (4%)
49010-Exploration behind abdomen	\$1,657,875	3,739	090	3%	1%	02-GHRL SURGERY (60%)	34-UROLOGY (13%)	33-THORACIC SURG (5%)
49020-Drain abdominal abscess	\$5,171,917	14,383	090	11%	2%	02-GHRL SURGERY (45%)	30-RADIOLOGY (40%)	70-GROUP PRAC (3%)
49040-Drain abdominal abscess	\$1,203,512	2,621	090	2%	2%	02-GHRL SURGERY (48%)	30-RADIOLOGY (37%)	70-GROUP PRAC (4%)
49060-Drain abdominal abscess	\$2,569,720	5,784	090	5%	0%	30-RADIOLOGY (54%)	02-GHRL SURGERY (30%)	70-GROUP PRAC (4%)
49085-Remove abdomen foreign body	\$1,359,698	4,493	090	3%	0%	02-GHRL SURGERY (71%)	77-VASCULAR SURG (6%)	33-THORACIC SURG (5%)
49200-Removal of abdominal lesion	\$1,845,753	4,051	090	6%	6%	02-GHRL SURGERY (59%)	16-OB-GYNECOLOGY (17%)	34-UROLOGY (5%)
49201-Removal of abdominal lesion	\$2,402,661	3,335	090	5%	7%	02-GHRL SURGERY (50%)	16-OB-GYNECOLOGY (26%)	91-SURG ONCOLOGY (6%)
49220-Multiple surgery, abdomen	\$245,159	343	090	1%	1%	02-GHRL SURGERY (69%)	16-OB-GYNECOLOGY (10%)	01-OB-GP/FP (7%)
49255-Removal of omentum	\$1,711,945	5,793	090	4%	2%	02-GHRL SURGERY (52%)	16-OB-GYNECOLOGY (32%)	01-OB-GP/FP (4%)
49420-Insert abdominal drain	\$576,710	4,493	000	1%	0%	02-GHRL SURGERY (34%)	39-NEPHROLOGY (17%)	11-INTERNAL MED (11%)
49421-Insert abdominal drain	\$5,249,863	15,691	090	11%	2%	02-GHRL SURGERY (70%)	77-VASCULAR SURG (7%)	33-THORACIC SURG (6%)
49422-Remove perm cannula/catheter			010			(.)	(.)	(.)
49425-Insert abdomen-venous drain	\$1,365,114	2,012	090	3%	1%	02-GHRL SURGERY (73%)	33-THORACIC SURG (12%)	77-VASCULAR SURG (5%)
49426-Revise abdomen-venous shunt	\$311,188	713	090	1%	2%	02-GHRL SURGERY (64%)	33-THORACIC SURG (14%)	39-NEPHROLOGY (6%)
49605-Repair umbilical lesion	\$42,588	70	090	0%	4%	02-GHRL SURGERY (76%)	01-OB-GP/FP (7%)	33-THORACIC SURG (6%)
49611-Repair umbilical lesion	\$3,091	11	090	0%	0%	02-GHRL SURGERY (64%)	01-OB-GP/FP (18%)	11-INTERNAL MED (9%)
49900-Repair of abdominal wall	\$629,151	2,690	090	1%	0%	02-GHRL SURGERY (70%)	70-GROUP PRAC (6%)	34-UROLOGY (4%)
49905-Omental flap	\$110,579	418	ZZZ	0%	1%	02-GHRL SURGERY (35%)	24-PLASTIC SURG (15%)	16-OB-GYNECOLOGY (11%)
50845-Appendico-vesicostomy			090			(.)	(.)	(.)

836-Cholecystectomy

Family Medicare Charges: \$54,493,651

Family Private Payments: \$4,555,945

Percent of CPEP Medicare Charges: 7%

Percent of CPEP Private Payments: 10%

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDchs	Pct. of Family Privlms Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
47600-Removal of gallbladder	\$20,794,465	51,792	090	38%	1%	02-GHRL SURGERY (79%)	01-OB-GP/FP (6%)	33-THORACIC SURG (4%)
47605-Removal of gallbladder	\$18,331,791	36,789	090	34%	1%	02-GHRL SURGERY (80%)	01-OB-GP/FP (8%)	33-THORACIC SURG (3%)
47610-Removal of gallbladder	\$12,319,835	22,197	090	23%	11%	02-GHRL SURGERY (81%)	01-OB-GP/FP (7%)	33-THORACIC SURG (3%)
47612-Removal of gallbladder	\$2,335,703	2,580	090	4%	0%	02-GHRL SURGERY (83%)	01-OB-GP/FP (5%)	33-THORACIC SURG (4%)
47620-Removal of gallbladder	\$711,857	1,001	090	1%	2%	02-GHRL SURGERY (80%)	01-OB-GP/FP (6%)	33-THORACIC SURG (4%)

840-Hepatic and Bile Duct Procedures Except Cholecystectomy

Family Medicare Charges: \$14,681,942

Family Private Payments: \$303,488

Percent of CPEP Medicare Charges: 2%

Percent of CPEP Private Payments: 1%

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDchs	Pct. of Family Privlms Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
47010-Drainage of liver lesion	\$1,136,211	2,273	090	8%	2%	30-RADIOLOGY (62%)	02-GHRL SURGERY (23%)	70-GROUP PRAC (4%)
47015-Inject/aspirate liver cyst			090			(.)	(.)	(.)
47100-Wedge biopsy of liver	\$1,854,333	9,356	090	13%	1%	02-GHRL SURGERY (80%)	01-OB-GP/FP (4%)	33-THORACIC SURG (4%)
47134-Partial removal, donor liver			XXX			(.)	(.)	(.)
47300-Surgery for liver lesion	\$118,866	300	090	1%	0%	02-GHRL SURGERY (78%)	01-OB-GP/FP (6%)	33-THORACIC SURG (4%)
47350-Repair liver wound	\$181,106	429	090	1%	1%	02-GHRL SURGERY (76%)	01-OB-GP/FP (4%)	70-GROUP PRAC (3%)
47355-Repair liver wound	\$14,593	33	090	0%	3%	02-GHRL SURGERY (82%)	01-OB-GP/FP (6%)	05-ANESTHESIA (3%)
47360-Repair liver wound	\$142,217	244	090	1%	3%	02-GHRL SURGERY (68%)	01-OB-GP/FP (7%)	05-ANESTHESIA (5%)
47400-Incision of liver duct	\$45,248	90	090	0%	4%	02-GHRL SURGERY (57%)	01-OB-GP/FP (10%)	33-THORACIC SURG (10%)
47420-Incision of bile duct	\$1,634,667	2,832	090	11%	18%	02-GHRL SURGERY (82%)	01-OB-GP/FP (6%)	33-THORACIC SURG (3%)
47425-Incision of bile duct	\$137,661	197	090	1%	1%	02-GHRL SURGERY (80%)	01-OB-GP/FP (6%)	33-THORACIC SURG (5%)
47460-Incision of bile duct sphincter	\$706,205	665	090	5%	0%	02-GHRL SURGERY (42%)	10-GASTROENTER (40%)	11-INTERNAL MED (5%)
47480-Incision of gallbladder	\$857,590	1,843	090	6%	13%	02-GHRL SURGERY (79%)	01-OB-GP/FP (7%)	70-GROUP PRAC (3%)
47490-Incision of gallbladder	\$260,139	851	090	2%	0%	30-RADIOLOGY (83%)	94-INTERVEN RAD (6%)	02-GHRL SURGERY (4%)
47700-Exploration of bile ducts	\$128,245	251	090	1%	2%	02-GHRL SURGERY (82%)	01-OB-GP/FP (6%)	34-UROLOGY (2%)
47701-Bile duct revision	\$3,973	6	090	0%	0%	02-GHRL SURGERY (83%)	70-GROUP PRAC (17%)	(.)
47711-Excision of bile duct tumor			090			(.)	(.)	(.)

Procedure First Specialty Second Specialty Third Specialty

47712-Excision of bile duct tumor	090	0%	0%	0%	02-GHRL SURGERY (76%)	(.)	(.)
47715-Excision of bile duct cyst	38	0%	0%	0%	02-GHRL SURGERY (33%)	01,08-GP/FP (8%)	33-THORACIC SURG (5%)
47716-Fusion of bile duct cyst	\$1,463	0%	0%	0%	02-GHRL SURGERY (84%)	30-RADIOLOGY (33%)	77-VASCULAR SURG (3%)
47720-Fuse gallbladder & bowel	\$770,823	1,359	5%	5%	02-GHRL SURGERY (84%)	01,08-GP/FP (5%)	33-THORACIC SURG (3%)
47721-Fuse upper GI structures	\$748,919	1,022	5%	1%	02-GHRL SURGERY (84%)	01,08-GP/FP (4%)	70-GROUP PRAC (3%)
47740-Fuse gallbladder & bowel	\$570,844	1,128	4%	4%	02-GHRL SURGERY (67%)	05-ANESTHESIA (19%)	01,08-GP/FP (4%)
47741-Fuse gallbladder & bowel					(.)	(.)	(.)
47760-Fuse bile ducts and bowel	\$2,456,888	3,049	17%	18%	02-GHRL SURGERY (85%)	01,08-GP/FP (4%)	33-THORACIC SURG (3%)
47765-Fuse liver ducts & bowel	\$207,821	260	1%	1%	02-GHRL SURGERY (80%)	70-GROUP PRAC (7%)	33-THORACIC SURG (4%)
47780-Fuse bile ducts and bowel	\$2,313,483	2,582	16%	24%	02-GHRL SURGERY (84%)	01,08-GP/FP (4%)	70-GROUP PRAC (3%)
47785-Fuse bile ducts and bowel					(.)	(.)	(.)
47800-Reconstruction of bile ducts	\$110,317	163	1%	1%	02-GHRL SURGERY (80%)	01,08-GP/FP (7%)	33-THORACIC SURG (5%)
47801-Placement, bile duct support	\$238,365	768	2%	0%	05-ANESTHESIA (44%)	30-RADIOLOGY (29%)	02-GHRL SURGERY (17%)
47802-Fuse liver duct & intestine	\$26,886	52	0%	0%	02-GHRL SURGERY (87%)	26-PSYCHIATRY (4%)	33-THORACIC SURG (4%)
47900-Suture bile duct injury					(.)	(.)	(.)

844-Hepatectomy and Pancreatectomy

Family Medicare Charges: \$7,035,773
 Family Private Payments: \$208,612
 Percent of CPEP Medicare Charges: 1%
 Percent of CPEP Private Payments: 0%

47120-Partial removal of liver	\$1,477,005	1,864	21%	34%	02-GHRL SURGERY (75%)	91-SURG ONCOLOGY (5%)	70-GROUP PRAC (4%)
47122-Extensive removal of liver	\$236,189	151	3%	0%	02-GHRL SURGERY (69%)	33-THORACIC SURG (12%)	91-SURG ONCOLOGY (9%)
47125-Partial removal of liver	\$356,632	251	5%	0%	02-GHRL SURGERY (76%)	91-SURG ONCOLOGY (7%)	33-THORACIC SURG (5%)
47130-Partial removal of liver	\$632,832	437	9%	0%	02-GHRL SURGERY (73%)	70-GROUP PRAC (8%)	33-THORACIC SURG (5%)
48146-Pancreatectomy					(.)	(.)	(.)
48150-Partial removal of pancreas	\$4,097,984	2,688	58%	66%	02-GHRL SURGERY (84%)	70-GROUP PRAC (4%)	33-THORACIC SURG (3%)
48152-Pancreatectomy					(.)	(.)	(.)
48153-Pancreatectomy					(.)	(.)	(.)
48154-Pancreatectomy					(.)	(.)	(.)
48155-Removal of pancreas	\$255,131	189	4%	0%	02-GHRL SURGERY (77%)	70-GROUP PRAC (6%)	77-VASCULAR SURG (6%)

848-Pancreatic Procedures

Family Medicare Charges: \$3,633,898
 Family Private Payments: \$48,523
 Percent of CPEP Medicare Charges: 0%
 Percent of CPEP Private Payments: 0%

48000-Drainage of abdomen	\$400,531	818	11%	0%	02-GHRL SURGERY (79%)	70-GROUP PRAC (6%)	30-RADIOLOGY (6%)
48001-Placement of drain, pancreas					(.)	(.)	(.)
48005-Resect/debride pancreas					(.)	(.)	(.)
48020-Removal of pancreatic stone	\$8,835	19	0%	0%	02-GHRL SURGERY (47%)	30-RADIOLOGY (21%)	04-OTOLARYNG (11%)
48100-Biopsy of pancreas	\$600,740	2,618	17%	0%	02-GHRL SURGERY (81%)	01,08-GP/FP (4%)	33-THORACIC SURG (3%)
48120-Removal of pancreas lesion	\$194,200	354	5%	0%	02-GHRL SURGERY (80%)	01,08-GP/FP (5%)	70-GROUP PRAC (3%)
48140-Partial removal of pancreas	\$1,315,374	1,526	36%	100%	02-GHRL SURGERY (83%)	70-GROUP PRAC (3%)	33-THORACIC SURG (3%)
48145-Partial removal of pancreas	\$70,712	79	2%	0%	02-GHRL SURGERY (89%)	01,08-GP/FP (4%)	70-GROUP PRAC (4%)
48148-Removal of pancreatic duct	\$30,331	79	1%	0%	02-GHRL SURGERY (85%)	77-VASCULAR SURG (6%)	97-PHYS ASSISTANT (3%)
48180-Fuse pancreas and bowel	\$197,835	220	5%	0%	02-GHRL SURGERY (84%)	70-GROUP PRAC (5%)	01,08-GP/FP (3%)
48400-Injection, intraoperative					(.)	(.)	(.)
48500-Surgery of pancreas cyst	\$27,143	50	1%	0%	02-GHRL SURGERY (76%)	33-THORACIC SURG (6%)	77-VASCULAR SURG (4%)
48510-Drain pancreatic pseudocyst	\$268,469	524	7%	1%	02-GHRL SURGERY (52%)	30-RADIOLOGY (33%)	70-GROUP PRAC (4%)
48520-Fuse pancreas cyst and bowel	\$330,978	501	9%	1%	02-GHRL SURGERY (85%)	01,08-GP/FP (5%)	70-GROUP PRAC (3%)
48540-Fuse pancreas cyst and bowel	\$188,750	248	5%	1%	02-GHRL SURGERY (85%)	70-GROUP PRAC (5%)	01,08-GP/FP (2%)
48545-Pancreatotomy					(.)	(.)	(.)
48547-Duodenal exclusion					(.)	(.)	(.)

Top Medicare Specialties (% of Procedure Volume)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDChgs	Pct. of Family Privmpts	Pct. of Family Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
48556-Removal, allograft pancreas			090				(.)	(.)	(.)
852-Colectomy									
Family Medicare Charges:	\$110,143,051		14%						
Family Private Payments:	\$2,407,803		5%						
44139-Mobilization of colon	\$69,473,537		ZZZ				(.)	(.)	(.)
44140-Partial removal of colon	\$24,197,418		090	63%	65%	1%	02-GNRL SURGERY (78%)	01,08-GP/FP (6%)	28-COLORECTAL (4%)
44145-Partial removal of colon	\$1,584,651		090	22%	25%	3%	02-GNRL SURGERY (75%)	28-COLORECTAL (10%)	01,08-GP/FP (5%)
44147-Partial removal of colon	\$14,887,445		090	14%	11%	1%	02-GNRL SURGERY (67%)	28-COLORECTAL (18%)	01,08-GP/FP (6%)
44160-Removal of colon			090			1%	02-GNRL SURGERY (77%)	28-COLORECTAL (9%)	01,08-GP/FP (4%)
856-Colectomy, Complex									
Family Medicare Charges:	\$48,435,964		6%						
Family Private Payments:	\$1,131,975		3%						
44141-Partial removal of colon	\$4,836,434		090	10%	10%	1%	02-GNRL SURGERY (78%)	01,08-GP/FP (5%)	28-COLORECTAL (4%)
44143-Partial removal of colon	\$19,065,530		090	39%	32%	1%	02-GNRL SURGERY (79%)	01,08-GP/FP (5%)	28-COLORECTAL (3%)
44144-Partial removal of colon	\$4,802,295		090	10%	10%	0%	02-GNRL SURGERY (76%)	01,08-GP/FP (6%)	70-GROUP PRAC (3%)
44146-Partial removal of colon	\$2,535,924		090	5%		1%	02-GNRL SURGERY (74%)	28-COLORECTAL (9%)	01,08-GP/FP (5%)
44150-Removal of colon	\$6,435,748		090	13%	17%	0%	02-GNRL SURGERY (76%)	28-COLORECTAL (8%)	01,08-GP/FP (5%)
44151-Removal of colon/ileostomy	\$44,121		090	0%		6%	02-GNRL SURGERY (68%)	01,08-GP/FP (9%)	28-COLORECTAL (6%)
44152-Removal of colon/ileostomy	\$288,597		090	1%		1%	02-GNRL SURGERY (73%)	28-COLORECTAL (7%)	70-GROUP PRAC (7%)
44153-Removal of colon/ileostomy	\$237,747		090	1%	12%	2%	02-GNRL SURGERY (59%)	28-COLORECTAL (28%)	70-GROUP PRAC (6%)
44155-Removal of colon	\$1,472,995		090	3%	8%	1%	02-GNRL SURGERY (72%)	28-COLORECTAL (14%)	70-GROUP PRAC (3%)
44156-Removal of colon/ileostomy	\$28,400		090	0%		0%	02-GNRL SURGERY (51%)	33-THORACIC SURG (32%)	28-COLORECTAL (11%)
44310-Ileostomy/jejunostomy	\$1,154,058		090	2%	3%	0%	02-GNRL SURGERY (71%)	28-COLORECTAL (9%)	01,08-GP/FP (8%)
44314-Revision of ileostomy	\$379,094		090	1%		1%	02-GNRL SURGERY (56%)	34-UROLOGY (14%)	33-THORACIC SURG (11%)
44316-Devised bowel pouch	\$38,657		090	0%		0%	02-GNRL SURGERY (54%)	34-UROLOGY (16%)	28-COLORECTAL (9%)
44320-Colostomy	\$7,006,021		090	14%	9%	0%	02-GNRL SURGERY (78%)	01,08-GP/FP (5%)	28-COLORECTAL (4%)
44322-Colostomy with biopsies	\$110,343		090	0%		0%	02-GNRL SURGERY (76%)	01,08-GP/FP (8%)	28-COLORECTAL (3%)
860-General Complex Laparoscopic									
Family Medicare Charges:									
Family Private Payments:									
56311-Laparoscopic lymph node biop			010				(.)	(.)	(.)
56312-Laparoscopic lymphadenectomy			010				(.)	(.)	(.)
56313-Laparoscopic lymphadenectomy			010				(.)	(.)	(.)
56315-Laparoscopic appendectomy			090				(.)	(.)	(.)
56316-Laparoscopic hernia repair			090				(.)	(.)	(.)
56317-Laparoscopic hernia repair			090				(.)	(.)	(.)
56320-Laparoscopy, spermatic veins			090				(.)	(.)	(.)
56322-Laparoscopy, vagus nerves			090				(.)	(.)	(.)
56323-Laparoscopy, vagus nerves			090				(.)	(.)	(.)
56324-Laparoscopy, cholecystoenter			090				(.)	(.)	(.)
56340-Laparoscopic cholecystectomy			090				(.)	(.)	(.)
56341-Laparoscopic cholecystectomy			090				(.)	(.)	(.)
56342-Laparoscopic cholecystectomy			090				(.)	(.)	(.)
56362-Peritoneoscopy w/cholangio			000				(.)	(.)	(.)
56363-Peritoneoscopy w/biopsy			000				(.)	(.)	(.)

864-Simple Anal and Rectal Procedures
Family Medicare Charges: \$8,906,287
Family Private Payments: \$870,091

Procedure	1993 MC Allowed Charges	1993 MC Service Period	Pct. of Family Allldchs	Pct. of PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
45005-Drainage of rectal abscess	\$63,417	010	1%	1%	44%	02-GHRL SURGERY (65%)	01,08-GP/FP (16%)	28-COLORECTAL (4%)
45100-Biopsy of rectum	\$231,182	1,497	3%	2%	25%	02-GHRL SURGERY (58%)	28-COLORECTAL (13%)	01,08-GP/FP (5%)
45220-Treatment of rectal prolapse	\$17,731	560	0%	0%	93%	28-COLORECTAL (32%)	11-INTERNAL MED (31%)	02-GNRL SURGERY (21%)
45560-Repair of rectocele	\$441,244	1,719	5%	3%	2%	16-OB-GYNCOLOGY (50%)	02-GNRL SURGERY (21%)	28-COLORECTAL (10%)
45900-Reduction of rectal prolapse	\$15,820	272	0%	0%	29%	02-GHRL SURGERY (51%)	28-COLORECTAL (16%)	20-ORTHOPED SURG (9%)
45905-Dilation of anal sphincter	\$80,526	1,467	1%	1%	1%	02-GHRL SURGERY (51%)	10-GASTROENTER (15%)	28-COLORECTAL (10%)
45910-Dilation of rectal narrowing	\$109,896	1,566	1%	1%	16%	10-GASTROENTER (37%)	02-GNRL SURGERY (30%)	28-COLORECTAL (8%)
45915-Remove rectal obstruction	\$298,035	4,031	3%	0%	35%	01,08-GP/FP (20%)	02-GHRL SURGERY (19%)	93-EMERGENCY MED (18%)
46030-Removal of rectal marker	\$6,144	98	0%	0%	29%	02-GHRL SURGERY (64%)	28-COLORECTAL (19%)	49-ASC (5%)
46050-Incision of anal abscess	\$166,899	2,714	2%	4%	60%	02-GHRL SURGERY (58%)	28-COLORECTAL (16%)	01,08-GP/FP (12%)
46070-Incision of anal septum	\$243	2	0%	0%	8%	02-GHRL SURGERY (50%)	93-EMERGENCY MED (50%)	(.)
46080-Incision of anal sphincter	\$467,927	3,072	5%	8%	8%	02-GHRL SURGERY (65%)	28-COLORECTAL (22%)	49-ASC (5%)
46083-Incise external hemorrhoid	\$205,436	3,793	2%	5%	86%	01,08-GP/FP (47%)	02-GHRL SURGERY (36%)	11-INTERNAL MED (6%)
46210-Removal of anal crypt	\$8,768	91	0%	0%	33%	02-GHRL SURGERY (52%)	28-COLORECTAL (20%)	11-INTERNAL MED (9%)
46211-Removal of anal crypts	\$16,006	133	0%	0%	20%	02-GHRL SURGERY (49%)	28-COLORECTAL (36%)	01,08-GP/FP (5%)
46221-Ligation of hemorrhoid(s)	\$2,181,033	35,145	0%	16%	90%	02-GHRL SURGERY (46%)	28-COLORECTAL (46%)	01,08-GP/FP (3%)
46230-Removal of anal tabs	\$127,058	1,638	1%	3%	65%	02-GHRL SURGERY (54%)	01,08-GP/FP (18%)	28-COLORECTAL (17%)
46320-Removal of hemorrhoid clot	\$284,164	4,403	3%	9%	83%	02-GHRL SURGERY (44%)	01,08-GP/FP (26%)	28-COLORECTAL (18%)
46500-Injection into hemorrhoids	\$520,833	13,468	6%	3%	98%	28-COLORECTAL (75%)	02-GHRL SURGERY (18%)	16-OB-GYNCOLOGY (3%)
46900-Destruction, anal lesion(s)	\$82,028	1,560	1%	2%	94%	28-COLORECTAL (32%)	07-DERMATOLOGY (23%)	02-GHRL SURGERY (21%)
46910-Destruction, anal lesion(s)	\$61,031	759	1%	2%	86%	02-GHRL SURGERY (33%)	28-COLORECTAL (19%)	07-DERMATOLOGY (19%)
46916-Cryosurgery, anal lesion(s)	\$40,600	590	0%	0%	84%	07-DERMATOLOGY (58%)	01,08-GP/FP (21%)	11-INTERNAL MED (6%)
46917-Laser surgery, anal lesion(s)	\$62,620	448	1%	4%	58%	28-COLORECTAL (36%)	02-GHRL SURGERY (34%)	16-OB-GYNCOLOGY (10%)
46922-Excision of anal lesion(s)	\$76,683	612	1%	1%	34%	02-GHRL SURGERY (56%)	28-COLORECTAL (19%)	49-ASC (6%)
46934-Destruction, anal lesion(s)	\$214,473	1,057	2%	9%	35%	02-GHRL SURGERY (39%)	28-COLORECTAL (30%)	07-DERMATOLOGY (8%)
46934-Destruction of hemorrhoids	\$1,931,424	14,423	0%	22%	87%	10-GASTROENTER (33%)	28-COLORECTAL (29%)	02-GHRL SURGERY (19%)
46935-Destruction of hemorrhoids	\$63,683	563	1%	1%	93%	01,08-GP/FP (39%)	28-COLORECTAL (26%)	02-GHRL SURGERY (22%)
46936-Destruction of hemorrhoids	\$458,547	2,311	5%	5%	87%	10-GASTROENTER (36%)	28-COLORECTAL (26%)	02-GHRL SURGERY (18%)
46937-Cryotherapy of rectal lesion	\$2,848	16	0%	0%	56%	02-GHRL SURGERY (38%)	28-COLORECTAL (31%)	70-GROUP PRAC (13%)
46938-Cryotherapy of rectal lesion	\$5,460	23	0%	0%	4%	02-GHRL SURGERY (87%)	30-RADIOLOGY (9%)	11-INTERNAL MED (4%)
46940-Treatment of anal fissure	\$50,072	736	1%	1%	90%	28-COLORECTAL (53%)	02-GHRL SURGERY (23%)	01,08-GP/FP (13%)
46942-Treatment of anal fissure	\$9,583	163	0%	0%	89%	28-COLORECTAL (70%)	01,08-GP/FP (9%)	94-INTERVEN RAD (7%)
46945-Ligation of hemorrhoids	\$204,676	2,471	2%	2%	87%	02-GHRL SURGERY (50%)	28-COLORECTAL (36%)	01,08-GP/FP (6%)
46946-Ligation of hemorrhoids	\$129,626	1,020	1%	2%	84%	28-COLORECTAL (56%)	02-GHRL SURGERY (30%)	01,08-GP/FP (5%)
91122-Anal pressure record	\$270,571	2,667	3%	2%	36%	10-GASTROENTER (37%)	28-COLORECTAL (32%)	02-GHRL SURGERY (13%)

868-Complex Anal and Rectal Procedures
Family Medicare Charges: \$18,017,536
Family Private Payments: \$2,432,383

Procedure	1993 MC Allowed Charges	1993 MC Service Period	Pct. of Family Allldchs	Pct. of PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
45000-Drainage of pelvic abscess	\$75,523	526	0%	0%	9%	02-GHRL SURGERY (52%)	30-RADIOLOGY (17%)	28-COLORECTAL (6%)
45020-Drainage of rectal abscess	\$191,417	861	1%	1%	12%	02-GHRL SURGERY (70%)	28-COLORECTAL (8%)	01,08-GP/FP (4%)
45108-Removal of anorectal lesion	\$16,783	86	0%	0%	12%	02-GHRL SURGERY (59%)	01,08-GP/FP (13%)	28-COLORECTAL (8%)
45113-Partial proctectomy	.	.	0%	0%	(.)	(.)	(.)	(.)
45123-Partial proctectomy	.	.	0%	0%	(.)	(.)	(.)	(.)
45150-Excision of rectal stricture	\$36,345	127	0%	0%	8%	02-GHRL SURGERY (57%)	28-COLORECTAL (28%)	49-ASC (4%)
45160-Excision of rectal lesion	\$236,556	423	1%	0%	2%	02-GHRL SURGERY (65%)	28-COLORECTAL (17%)	70-GROUP PRAC (5%)
45170-Excision of rectal lesion	\$2,322,977	6,237	13%	2%	3%	02-GHRL SURGERY (71%)	28-COLORECTAL (18%)	70-GROUP PRAC (3%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Allchgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)			
							First Specialty	Second Specialty	Third Specialty	
45190-Destruction rectal tumor	\$118,492	281	090	1%	0%	0%	(.)	(.)	(.)	
45500-Repair of rectum	\$699,735	1,207	090	3%	2%	8%	28-COLORECTAL (45%)	02-GNRL SURGERY (35%)	49-ASC (7%)	
45505-Repair of rectum			090			3%	28-COLORECTAL (48%)	02-GNRL SURGERY (41%)	01-08-GP/FP (3%)	
45562-Exploration/repair of rectum	\$131,333	261	090	1%	0%	10%	02-GNRL SURGERY (46%)	34-UROLOGY (34%)	28-COLORECTAL (4%)	
45800-Repair rectum/bladder fistula	\$34,219	59	090	0%	0%	2%	02-GNRL SURGERY (39%)	34-UROLOGY (29%)	28-COLORECTAL (15%)	
45820-Repair rectourethral fistula	\$978,326	5,077	090	5%	4%	29%	02-GNRL SURGERY (73%)	28-COLORECTAL (11%)	01-08-GP/FP (5%)	
46040-Incision of rectal abscess	\$59,936	337	090	0%	0%	13%	02-GNRL SURGERY (70%)	28-COLORECTAL (18%)	70-GROUP PRAC (3%)	
46060-Incision of rectal abscess	\$481,352	1,098	090	3%	4%	9%	02-GNRL SURGERY (64%)	28-COLORECTAL (22%)	01-08-GP/FP (3%)	
46200-Removal of anal fissure	\$659,062	2,622	090	4%	6%	12%	02-GNRL SURGERY (55%)	28-COLORECTAL (31%)	49-ASC (5%)	
46250-Hemorrhoidectomy	\$444,238	1,743	090	2%	3%	3%	02-GNRL SURGERY (62%)	28-COLORECTAL (12%)	01-08-GP/FP (9%)	
46255-Hemorrhoidectomy	\$2,431,400	6,463	090	13%	11%	13%	02-GNRL SURGERY (67%)	28-COLORECTAL (11%)	01-08-GP/FP (5%)	
46257-Remove hemorrhoids & fissure	\$171,922	423	090	1%	2%	4%	02-GNRL SURGERY (65%)	28-COLORECTAL (21%)	01-08-GP/FP (4%)	
46258-Remove hemorrhoids & fistula	\$82,812	175	090	0%	1%	4%	02-GNRL SURGERY (70%)	28-COLORECTAL (15%)	49-ASC (7%)	
46260-Hemorrhoidectomy	\$5,652,291	11,171	090	31%	37%	5%	02-GNRL SURGERY (67%)	28-COLORECTAL (23%)	49-ASC (2%)	
46261-Remove hemorrhoids & fissure	\$543,996	962	090	3%	7%	6%	02-GNRL SURGERY (55%)	28-COLORECTAL (34%)	01-08-GP/FP (5%)	
46262-Remove hemorrhoids & fistula	\$222,610	408	090	1%	2%	3%	02-GNRL SURGERY (55%)	28-COLORECTAL (32%)	49-ASC (4%)	
46270-Removal of anal fistula	\$231,335	969	090	1%	2%	8%	02-GNRL SURGERY (73%)	28-COLORECTAL (9%)	70-GROUP PRAC (2%)	
46275-Removal of anal fistula	\$588,653	1,363	090	3%	5%	5%	02-GNRL SURGERY (60%)	28-COLORECTAL (31%)	49-ASC (3%)	
46280-Removal of anal fistula	\$553,169	1,114	090	3%	5%	2%	02-GNRL SURGERY (54%)	28-COLORECTAL (38%)	49-ASC (4%)	
46285-Removal of anal fistula	\$10,715	57	090	0%	0%	5%	02-GNRL SURGERY (63%)	28-COLORECTAL (30%)	49-ASC (4%)	
46288-Repair anal fistula			090			0%	(.)	(.)	(.)	
46700-Repair of anal stricture	\$693,677	1,513	090	4%	2%	3%	28-COLORECTAL (50%)	02-GNRL SURGERY (42%)	49-ASC (2%)	
46705-Repair of anal stricture	\$2,756	14	090	0%	0%	0%	02-GNRL SURGERY (43%)	01-08-GP/FP (14%)	11-INTERNAL MED (7%)	
46715-Repair of anovaginal fistula	\$1,224	6	090	0%	0%	0%	02-GNRL SURGERY (67%)	16-08-GYNECOLOGY (17%)	28-COLORECTAL (17%)	
46716-Repair of anovaginal fistula	\$1,739	4	090	0%	0%	25%	28-COLORECTAL (50%)	01-08-GP/FP (25%)	02-GNRL SURGERY (25%)	
46740-Construction of absent anus	\$1,171	1	090	0%	0%	0%	02-GNRL SURGERY (100%)	(.)	(.)	
46750-Repair of anal sphincter	\$186,458	522	090	1%	1%	2%	02-GNRL SURGERY (41%)	28-COLORECTAL (33%)	16-08-GYNECOLOGY (15%)	
46751-Repair of anal sphincter	\$100	1	090	0%	0%	0%	70-GROUP PRAC (100%)	(.)	(.)	
46753-Reconstruction of anus	\$166,913	389	090	1%	0%	1%	02-GNRL SURGERY (70%)	28-COLORECTAL (23%)	70-GROUP PRAC (3%)	
46754-Removal of suture from anus	\$6,121	67	010	0%	0%	30%	02-GNRL SURGERY (48%)	28-COLORECTAL (27%)	01-08-GP/FP (12%)	
46760-Repair of anal sphincter	\$22,555	55	090	0%	0%	0%	28-COLORECTAL (45%)	02-GNRL SURGERY (29%)	16-08-GYNECOLOGY (20%)	
46761-Repair of anal sphincter	\$35,763	118	090	0%	0%	0%	28-COLORECTAL (44%)	02-GNRL SURGERY (24%)	90-MED ONCOLOGY (10%)	
46762-Implant artificial sphincter	\$8,667	18	090	0%	0%	0%	28-COLORECTAL (67%)	34-UROLOGY (17%)	02-GNRL SURGERY (11%)	
57305-Repair rectum-vagina fistula	\$94,710	326	090	1%	0%	2%	02-GNRL SURGERY (71%)	16-08-GYNECOLOGY (11%)	28-COLORECTAL (6%)	
57307-Fistula repair & colostomy	\$20,305	50	090	0%	0%	0%	02-GNRL SURGERY (60%)	16-08-GYNECOLOGY (14%)	28-COLORECTAL (8%)	
872-Proctectomy and Rectal Repairs										
Family Medicare Charges: \$12,558,484							2%			
Family Private Payments: \$245,528							1%			
Percent of CPEP Medicare Charges:										
Percent of CPEP Private Payments:										
45110-Removal of rectum	\$8,853,875	8,891	090	71%	100%	1%	02-GNRL SURGERY (74%)	28-COLORECTAL (10%)	01-08-GP/FP (5%)	
45111-Partial removal of rectum	\$593,623	794	090	5%	0%	2%	02-GNRL SURGERY (63%)	28-COLORECTAL (21%)	01-08-GP/FP (4%)	
45112-Removal of rectum	\$463,715	423	090	4%	0%	0%	02-GNRL SURGERY (65%)	28-COLORECTAL (12%)	70-GROUP PRAC (8%)	
45114-Partial removal of rectum	\$363,812	358	090	3%	0%	0%	02-GNRL SURGERY (74%)	28-COLORECTAL (8%)	01-08-GP/FP (4%)	
45116-Partial removal of rectum	\$106,087	243	090	1%	0%	0%	02-GNRL SURGERY (43%)	05-ANESTHESIA (43%)	28-COLORECTAL (5%)	
45120-Removal of rectum	\$73,941	75	090	1%	0%	3%	02-GNRL SURGERY (64%)	28-COLORECTAL (17%)	91-SURG ONCOLOGY (5%)	
45121-Removal of rectum and colon	\$48,129	53	090	0%	0%	0%	02-GNRL SURGERY (66%)	01-08-GP/FP (9%)	28-COLORECTAL (8%)	
45130-Removal of rectal prolapse	\$625,516	938	090	5%	0%	1%	02-GNRL SURGERY (44%)	28-COLORECTAL (44%)	70-GROUP PRAC (4%)	
45135-Excision of rectal prolapse	\$167,637	197	090	1%	0%	2%	02-GNRL SURGERY (76%)	01-08-GP/FP (9%)	28-COLORECTAL (7%)	
45540-Correct rectal prolapse	\$455,718	737	090	4%	0%	1%	02-GNRL SURGERY (69%)	28-COLORECTAL (16%)	01-08-GP/FP (4%)	
45541-Correct rectal prolapse	\$244,234	358	090	2%	0%	1%	02-GNRL SURGERY (51%)	28-COLORECTAL (35%)	70-GROUP PRAC (6%)	

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDcgs	Pct. of Family Vol. in PrivPmts	Pct. of OFFICE	First Specialty	Second Specialty	Third Specialty
4550-Repair rectum;remove sigmoid	\$533,558	732	090	4%	.	2%	02-GHRL SURGERY (65%)	28-COLORECTAL (16%)	01-08-GP/FP (6%)
4563-Exploration/repair of rectum	.	.	090	.	.	.	(.)	(.)	(.)
4580-Repair fistula; colostomy	\$23,446	35	090	0%	.	3%	02-GHRL SURGERY (66%)	34-UROLOGY (14%)	28-COLORECTAL (9%)
4582-Repair fistula; colostomy	\$4,893	8	090	0%	.	0%	02-GHRL SURGERY (25%)	28-COLORECTAL (25%)	16-08-GYNECOLOGY (13%)
46730-Construction of absent anus	\$123	1	090	0%	.	0%	02-GHRL SURGERY (100%)	(.)	(.)
46735-Construction of absent anus	\$177	1	090	0%	.	0%	05-ANESTHESIA (100%)	(.)	(.)
46742-Repair, imperforated anus	.	.	090	.	.	.	(.)	(.)	(.)
46744-Repair, cloacal anomaly	.	.	090	.	.	.	(.)	(.)	(.)
46746-Repair, cloacal anomaly	.	.	090	.	.	.	(.)	(.)	(.)
46748-Repair, cloacal anomaly	.	.	090	.	.	.	(.)	(.)	(.)

876-Deep Lymph Structure Procedures

Family Medicare Charges: \$13,413,959
Family Private Payments: \$863,784

Percent of CPEP Medicare Charges: 2%

38300-Drainage lymph node lesion	\$26,926	465	010	0%	.	62%	02-GHRL SURGERY (49%)	91-SURG ONCOLOGY (10%)	04-OTOLARYNG (7%)
38305-Drainage lymph node lesion	\$52,579	334	090	0%	.	26%	02-GHRL SURGERY (43%)	04-OTOLARYNG (12%)	91-SURG ONCOLOGY (8%)
38308-Incision of lymph channels	\$58,565	293	090	0%	.	2%	02-GHRL SURGERY (39%)	30-RADIOLOGY (13%)	91-SURG ONCOLOGY (12%)
38380-Thoracic duct procedure	\$10,087	39	090	0%	.	5%	04-OTOLARYNG (36%)	02-GHRL SURGERY (23%)	33-THORACIC SURG (13%)
38500-Biopsy/removal, lymph node(s)	\$1,622,114	11,043	010	12%	14%	12%	02-GHRL SURGERY (66%)	05-ANESTHESIA (5%)	04-OTOLARYNG (5%)
38505-Needle biopsy, lymph node(s)	\$452,130	4,907	000	3%	1%	60%	04-OTOLARYNG (39%)	02-GHRL SURGERY (31%)	30-RADIOLOGY (7%)
38510-Biopsy/removal, lymph node(s)	\$2,030,017	9,518	090	15%	19%	7%	02-GHRL SURGERY (56%)	04-OTOLARYNG (26%)	33-THORACIC SURG (4%)
38520-Biopsy/removal, lymph node(s)	\$608,737	2,329	090	5%	4%	3%	02-GHRL SURGERY (60%)	33-THORACIC SURG (20%)	04-OTOLARYNG (10%)
38525-Biopsy/removal, lymph node(s)	\$1,449,080	5,958	090	11%	8%	4%	02-GHRL SURGERY (80%)	49-ASC (6%)	33-THORACIC SURG (4%)
38530-Biopsy/removal, lymph node(s)	\$20,520	105	090	0%	.	9%	02-GHRL SURGERY (54%)	78-CARDIAC SURG (12%)	33-THORACIC SURG (8%)
38542-Explore deep node(s), neck	\$246,710	904	090	2%	3%	2%	04-OTOLARYNG (54%)	02-GHRL SURGERY (28%)	33-THORACIC SURG (3%)
38550-Remove neck/arm/pit lesion	\$60,708	192	090	0%	.	9%	02-GHRL SURGERY (65%)	49-ASC (7%)	77-VASCULAR SURG (7%)
38555-Remove neck/arm/pit lesion	\$98,763	195	090	1%	.	3%	02-GHRL SURGERY (50%)	33-THORACIC SURG (15%)	04-OTOLARYNG (14%)
38740-Remove armpit lymph nodes	\$747,015	1,934	090	6%	5%	2%	02-GHRL SURGERY (83%)	70-GROUP PRAC (3%)	49-ASC (3%)
38745-Remove axillae lymph nodes	\$4,878,384	8,444	090	36%	39%	1%	02-GHRL SURGERY (79%)	01-08-GP/FP (4%)	91-SURG ONCOLOGY (4%)
38760-Remove groin lymph nodes	\$1,051,624	2,076	090	8%	6%	2%	02-GHRL SURGERY (63%)	16-08-GYNECOLOGY (9%)	34-UROLOGY (6%)

880-Spleen and Lymph Nodes

Family Medicare Charges: \$18,631,007
Family Private Payments: \$651,728

Percent of CPEP Medicare Charges: 2%

38100-Removal of spleen, total	\$4,244,427	8,617	090	23%	52%	1%	02-GHRL SURGERY (79%)	01-08-GP/FP (5%)	33-THORACIC SURG (4%)
38101-Removal of spleen, partial	\$28,324	85	090	0%	.	5%	02-GHRL SURGERY (67%)	01-08-GP/FP (7%)	77-VASCULAR SURG (5%)
38102-Removal of spleen, total	.	.	ZZZ	.	.	.	(.)	(.)	(.)
38115-Repair of ruptured spleen	\$119,766	299	090	1%	.	0%	02-GHRL SURGERY (72%)	70-GROUP PRAC (6%)	33-THORACIC SURG (6%)
38562-Removal, pelvic lymph nodes	\$1,243,428	2,980	090	7%	5%	1%	34-UROLOGY (36%)	02-GHRL SURGERY (26%)	16-08-GYNECOLOGY (25%)
38564-Removal, abdomen lymph nodes	\$271,295	704	090	1%	.	1%	02-GHRL SURGERY (45%)	16-08-GYNECOLOGY (21%)	34-UROLOGY (9%)
38746-Remove thoracic lymph nodes	.	.	ZZZ	.	.	.	(.)	(.)	(.)
38747-Remove abdominal lymph nodes	.	.	ZZZ	.	.	.	(.)	(.)	(.)
38765-Remove groin lymph nodes	\$392,561	406	090	2%	.	0%	02-GHRL SURGERY (44%)	34-UROLOGY (25%)	16-08-GYNECOLOGY (10%)
38770-Remove pelvis lymph nodes	\$11,187,672	12,844	090	60%	18%	1%	34-UROLOGY (79%)	02-GHRL SURGERY (10%)	16-08-GYNECOLOGY (5%)
38780-Remove abdomen lymph nodes	\$1,143,534	1,213	090	6%	25%	1%	16-08-GYNECOLOGY (49%)	34-UROLOGY (23%)	02-GHRL SURGERY (15%)

884-Major Procedure - Endocrine

Family Medicare Charges: \$16,152,633
Family Private Payments: \$1,324,460

Percent of CPEP Medicare Charges: 2%

Procedure	1993 HC Allowed Charges	1993 HC Units of Service	Global Period	Pct. of Family Privlms Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
60200-Remove thyroid lesion	\$676,758	1,323	090	3%	02-GNRL SURGERY (53%)	04-OTOLARYNG (25%)	05-ANESTHESIA (5%)
60210-Partial excision thyroid	-	-	090	-	(.)	(.)	(.)
60212-Partial thyroid excision	-	-	090	-	(.)	(.)	(.)
60220-Partial removal of thyroid	\$3,047,458	6,171	090	37%	02-GNRL SURGERY (64%)	04-OTOLARYNG (20%)	01,08-GP/FP (4%)
60225-Partial removal of thyroid	\$1,263,328	1,967	090	13%	02-GNRL SURGERY (62%)	04-OTOLARYNG (22%)	01,08-GP/FP (5%)
60240-Removal of thyroid	\$1,803,774	2,604	090	17%	02-GNRL SURGERY (65%)	04-OTOLARYNG (20%)	01,08-GP/FP (4%)
60252-Removal of thyroid	\$675,955	756	090	6%	02-GNRL SURGERY (58%)	04-OTOLARYNG (25%)	01,08-GP/FP (4%)
60254-Extensive thyroid surgery	\$194,349	177	090	1%	02-GNRL SURGERY (41%)	04-OTOLARYNG (41%)	33-THORACIC SURG (5%)
60260-Repeat thyroid surgery	\$59,290	122	090	0%	02-GNRL SURGERY (61%)	04-OTOLARYNG (28%)	33-THORACIC SURG (2%)
60270-Removal of thyroid	\$166,862	214	090	1%	02-GNRL SURGERY (39%)	33-THORACIC SURG (26%)	04-OTOLARYNG (16%)
60271-Removal of thyroid	-	-	090	-	(.)	(.)	(.)
60280-Remove thyroid duct lesion	\$214,657	470	090	7%	04-OTOLARYNG (61%)	02-GNRL SURGERY (25%)	01,08-GP/FP (3%)
60281-Remove thyroid duct lesion	\$8,103	25	090	0%	02-GNRL SURGERY (36%)	04-OTOLARYNG (24%)	34-UROLOGY (12%)
60500-Explore parathyroid glands	\$6,372,953	8,261	090	39%	02-GNRL SURGERY (77%)	04-OTOLARYNG (7%)	33-THORACIC SURG (4%)
60502-Re-explore parathyroids	\$236,619	271	090	1%	02-GNRL SURGERY (79%)	04-OTOLARYNG (6%)	70-GROUP PRAC (4%)
60505-Explore parathyroid glands	\$140,062	159	090	1%	02-GNRL SURGERY (52%)	33-THORACIC SURG (14%)	04-OTOLARYNG (13%)
60512-Autotransplant, parathyroid	-	-	222	-	(.)	(.)	(.)
60520-Removal of thymus gland	\$326,930	435	090	2%	33-THORACIC SURG (46%)	02-GNRL SURGERY (26%)	78-CARDIAC SURG (11%)
60521-Removal thymus gland	-	-	090	-	(.)	(.)	(.)
60522-Removal of thymus gland	-	-	090	-	(.)	(.)	(.)
60540-Explore adrenal gland	\$849,570	1,279	090	5%	02-GNRL SURGERY (47%)	34-UROLOGY (32%)	30-RADIOLOGY (6%)
60545-Explore adrenal gland	\$227,442	299	090	1%	02-GNRL SURGERY (49%)	34-UROLOGY (38%)	33-THORACIC SURG (3%)
60600-Remove carotid body lesion	\$88,523	145	090	1%	02-GNRL SURGERY (28%)	04-OTOLARYNG (21%)	33-THORACIC SURG (21%)

808-Transplants
 Family Medicare Charges: \$18,784,589
 Family Private Payments: \$1,096,607
 Percent of CPEP Medicare Charges: 2%
 Percent of CPEP Private Payments: 2%

32851-Lung transplant, single	-	-	090	-	(.)	(.)	(.)
32852-Lung transplant w/bypass	-	-	090	-	(.)	(.)	(.)
32853-Lung transplant, double	-	-	090	-	(.)	(.)	(.)
32854-Lung transplant w/bypass	-	-	090	-	(.)	(.)	(.)
33935-Transplantation, heart/lung	\$32,073	5	090	0%	33-THORACIC SURG (80%)	78-CARDIAC SURG (20%)	(.)
33945-Transplantation of heart	\$2,077,518	511	090	11%	33-THORACIC SURG (53%)	78-CARDIAC SURG (28%)	06-CARDIOLOGY (7%)
47135-Transplantation of liver	\$2,696,558	465	090	14%	02-GNRL SURGERY (73%)	70-GROUP PRAC (13%)	77-VASCULAR SURG (8%)
47136-Transplantation of liver	-	-	090	-	(.)	(.)	(.)
48554-Transplant allograft pancreas	-	-	XXX	-	(.)	(.)	(.)
50360-Transplantation of kidney	\$13,741,135	7,965	090	73%	02-GNRL SURGERY (61%)	34-UROLOGY (21%)	70-GROUP PRAC (7%)
50365-Transplantation of kidney	\$237,305	128	090	1%	02-GNRL SURGERY (55%)	70-GROUP PRAC (30%)	34-UROLOGY (13%)

892-Tube Change
 Family Medicare Charges: \$6,869,564
 Family Private Payments: \$20,414
 Percent of CPEP Medicare Charges: 1%
 Percent of CPEP Private Payments: 0%

43760-Change gastrostomy tube	\$2,869,427	49,121	000	42%	10-GASTROENTER (39%)	02-GNRL SURGERY (25%)	11-INTERNAL MED (10%)
47525-Change bile duct catheter	\$1,359,818	7,940	010	20%	30-RADIOLOGY (88%)	94-INTERVEN RAD (7%)	70-GROUP PRAC (4%)
47530-Revise, reinsert bile tube	\$65,577	359	090	1%	30-RADIOLOGY (67%)	02-GNRL SURGERY (13%)	70-GROUP PRAC (9%)
50398-Change kidney tube	\$769,277	15,102	000	11%	30-RADIOLOGY (73%)	34-UROLOGY (28%)	94-INTERVEN RAD (4%)
50688-Change of ureter tube	\$25,709	636	010	0%	30-RADIOLOGY (47%)	34-UROLOGY (28%)	22-PATHOLOGY (15%)
51705-Change of bladder tube	\$646,493	16,992	010	9%	34-UROLOGY (91%)	70-GROUP PRAC (3%)	01,08-GP/FP (3%)
51710-Change of bladder tube	\$188,988	3,130	010	3%	34-UROLOGY (92%)	99-UNKNOWN PHYS (2%)	01,08-GP/FP (1%)
51784-Xray control catheter change	\$944,275	23,362	XXX	14%	30-RADIOLOGY (90%)	94-INTERVEN RAD (5%)	70-GROUP PRAC (3%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Allchgs	Pct. of Family PrivPmts	Pct. of Vol. In OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
896-Needle and Catheter Biopsy, Aspiration, Lavage and Intubation									
Family Medicare Charges: \$30,579,554									
Percent of CPEP Medicare Charges: 4%									
Family Private Payments: \$663,402									
Percent of CPEP Private Payments: 1%									
31612-Puncture/clear windpipe	\$19,191	268	000	0%	.	19%	29-PULMONARY DIS (40%)	04-OTOLARYNG (29%)	02-GNRL SURGERY (6%)
31720-Clearance of airways	\$172,986	3,069	000	1%	.	6%	29-PULMONARY DIS (67%)	11-INTERNAL MED (12%)	01,08-GP/FP (9%)
31730-Intro windpipe wire/tube	\$198,263	984	000	1%	.	18%	29-PULMONARY DIS (49%)	04-OTOLARYNG (18%)	11-INTERNAL MED (8%)
32000-Drainage of chest	\$9,831,903	136,619	000	32%	24%	8%	29-PULMONARY DIS (48%)	11-INTERNAL MED (17%)	30-RADIOLOGY (9%)
32002-Treatment of collapsed lung	\$1,734,696	11,057	000	6%	2%	3%	30-RADIOLOGY (28%)	29-PULMONARY DIS (25%)	02-GNRL SURGERY (20%)
32020-Insertion of chest tube	\$12,466,456	59,644	000	41%	55%	1%	02-GNRL SURGERY (34%)	33-THORACIC SURG (26%)	29-PULMONARY DIS (15%)
32420-Puncture/clear lung	\$96,488	801	000	0%	.	2%	30-RADIOLOGY (39%)	29-PULMONARY DIS (36%)	11-INTERNAL MED (15%)
32960-Therapeutic pneumothorax	\$19,558	464	000	0%	.	26%	05-ANESTHESIA (49%)	11-INTERNAL MED (9%)	01,08-GP/FP (8%)
33010-Drainage of heart sac	\$546,324	5,018	000	2%	4%	0%	06-CARDIOLOGY (49%)	93-EMERGENCY MED (16%)	11-INTERNAL MED (9%)
33011-Repeat drainage of heart sac	\$11,419	127	000	0%	.	1%	06-CARDIOLOGY (58%)	30-RADIOLOGY (12%)	33-THORACIC SURG (9%)
33015-Incision of heart sac	\$114,532	341	090	0%	.	4%	06-CARDIOLOGY (38%)	33-THORACIC SURG (32%)	02-GNRL SURGERY (8%)
49080-Puncture, peritoneal cavity	\$3,685,396	52,626	000	12%	14%	12%	10-GASTROENTER (32%)	11-INTERNAL MED (17%)	30-RADIOLOGY (16%)
49081-Removal of abdominal fluid	\$398,340	6,381	000	1%	1%	20%	10-GASTROENTER (34%)	11-INTERNAL MED (19%)	02-GNRL SURGERY (14%)
49400-Air injection into abdomen	\$10,902	217	000	0%	.	6%	02-GNRL SURGERY (61%)	34-UROLOGY (20%)	30-RADIOLOGY (6%)
49427-Injection, abdominal shunt	\$10,280	158	000	0%	.	2%	30-RADIOLOGY (73%)	94-INTERVEN RAD (10%)	02-GNRL SURGERY (6%)
75809-Nonvascular shunt, x-ray	\$6,658	298	XXX	0%	.	2%	30-RADIOLOGY (81%)	70-GROUP PRAC (7%)	94-INTERVEN RAD (4%)
76930-Echo guide for heart sac tap	\$15,874	375	XXX	0%	.	17%	30-RADIOLOGY (46%)	06-CARDIOLOGY (33%)	34-UROLOGY (10%)
76934-Echo guide for chest tap	\$1,240,288	32,874	XXX	4%	0%	3%	30-RADIOLOGY (92%)	70-GROUP PRAC (3%)	29-PULMONARY DIS (2%)

CPEP 9 - OTOLARYNGOLOGY

Procedure

900-Simple Facial Procedures (exc. nose and sinus)

Family Medicare Charges: \$2,551,393
 Family Private Payments: \$528,817

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in Office	First Specialty	Second Specialty	Third Specialty
21030-Removal of face bone lesion	\$624,045	2,350	090	24%	12%	83%	19-ORAL SURGERY (76%)	85-MAXILLOFACIAL (11%)	02-GNRL SURGERY (3%)
21031-Remove exostosis, mandible	\$247,695	1,638	090	10%	2%	81%	19-ORAL SURGERY (83%)	85-MAXILLOFACIAL (14%)	70-GROUP PRAC (1%)
21040-Removal of jaw bone lesion	\$308,740	1,744	090	12%	8%	83%	19-ORAL SURGERY (75%)	85-MAXILLOFACIAL (16%)	02-GNRL SURGERY (2%)
21061-Removal of jaw bone lesion	\$460,835	1,335	090	18%	14%	67%	19-ORAL SURGERY (74%)	85-MAXILLOFACIAL (17%)	04-OTOLARYNG (4%)
21044-Removal of jaw bone lesion	\$201,435	447	090	8%	-	12%	04-OTOLARYNG (53%)	19-ORAL SURGERY (17%)	02-GNRL SURGERY (12%)
21137-Reduction of forehead	\$2,584	2	090	0%	-	0%	24-PLASTIC SURG (100%)	(.)	(.)
21300-Treatment of skull fracture	\$4,577	66	000	0%	1%	15%	93-EMERGENCY MED (33%)	01,08-GP/FP (26%)	14-NEUROSURGERY (11%)
21310-Treatment of nose fracture	\$129,819	2,159	000	5%	4%	16%	93-EMERGENCY MED (60%)	01,08-GP/FP (26%)	70-GROUP PRAC (11%)
21315-Treatment of nose fracture	\$61,940	525	010	2%	5%	37%	04-OTOLARYNG (50%)	24-PLASTIC SURG (15%)	93-EMERGENCY MED (13%)
21320-Treatment of nose fracture	\$242,306	1,478	010	9%	39%	24%	04-OTOLARYNG (67%)	24-PLASTIC SURG (21%)	49-ASC (2%)
21325-Repair of nose fracture	\$51,117	268	090	2%	6%	14%	24-PLASTIC SURG (34%)	04-OTOLARYNG (27%)	01,08-GP/FP (9%)
21337-Repair nasal septal fracture	\$40,106	263	090	2%	7%	16%	04-OTOLARYNG (46%)	24-PLASTIC SURG (34%)	01,08-GP/FP (5%)
21355-Repair cheek bone fracture	\$4,719	36	010	0%	-	8%	04-OTOLARYNG (28%)	24-PLASTIC SURG (19%)	30-RADIOLOGY (11%)
21400-Treat eye socket fracture	\$8,576	90	090	0%	-	20%	01,08-GP/FP (32%)	93-EMERGENCY MED (30%)	24-PLASTIC SURG (11%)
21401-Repair eye socket fracture	\$1,972	14	090	0%	-	7%	85-MAXILLOFACIAL (36%)	24-PLASTIC SURG (21%)	04-OTOLARYNG (14%)
21450-Treat lower jaw fracture	\$26,222	158	090	1%	-	44%	19-ORAL SURGERY (51%)	85-MAXILLOFACIAL (16%)	93-EMERGENCY MED (11%)
21480-Reset dislocated jaw	\$77,802	1,268	000	3%	1%	30%	19-ORAL SURGERY (33%)	93-EMERGENCY MED (23%)	01,08-GP/FP (18%)
21485-Reset dislocated jaw	\$56,903	351	090	2%	3%	51%	19-ORAL SURGERY (67%)	85-MAXILLOFACIAL (14%)	04-OTOLARYNG (7%)

904-Complex Facial Procedures (exc. nose and sinus)

Family Medicare Charges: \$12,283,173
 Family Private Payments: \$3,838,606

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in Office	First Specialty	Second Specialty	Third Specialty
21010-Incision of jaw joint	\$29,460	80	090	0%	-	15%	19-ORAL SURGERY (59%)	30-RADIOLOGY (16%)	01,08-GP/FP (4%)
21015-Resection of facial tumor	\$347,919	1,379	090	3%	-	16%	24-PLASTIC SURG (50%)	02-GNRL SURGERY (17%)	04-OTOLARYNG (10%)
21025-Excision of bone, lower jaw	\$243,836	922	090	2%	0%	56%	19-ORAL SURGERY (53%)	85-MAXILLOFACIAL (24%)	04-OTOLARYNG (11%)
21026-Excision of facial bone(s)	\$68,864	295	090	1%	-	63%	19-ORAL SURGERY (55%)	85-MAXILLOFACIAL (20%)	24-PLASTIC SURG (8%)
21029-Contour of face bone lesion	\$43,490	114	090	0%	-	54%	19-ORAL SURGERY (53%)	24-PLASTIC SURG (17%)	85-MAXILLOFACIAL (10%)
21032-Remove exostosis, maxilla	\$153,694	654	090	1%	-	76%	19-ORAL SURGERY (79%)	85-MAXILLOFACIAL (15%)	04-OTOLARYNG (2%)
21034-Removal of face bone lesion	\$116,393	244	090	1%	-	14%	24-PLASTIC SURG (23%)	04-OTOLARYNG (21%)	19-ORAL SURGERY (20%)
21045-Extensive jaw surgery	\$267,710	440	090	2%	-	3%	04-OTOLARYNG (52%)	19-ORAL SURGERY (20%)	85-MAXILLOFACIAL (8%)
21050-Removal of jaw joint	\$21,807	53	090	0%	-	8%	19-ORAL SURGERY (38%)	85-MAXILLOFACIAL (21%)	04-OTOLARYNG (19%)
21060-Remove jaw joint cartilage	\$53,570	123	090	0%	-	20%	19-ORAL SURGERY (60%)	85-MAXILLOFACIAL (18%)	20-ORTHOPEDE SURG (11%)
21070-Remove coronoid process	\$26,599	76	090	0%	-	3%	19-ORAL SURGERY (51%)	85-MAXILLOFACIAL (26%)	24-PLASTIC SURG (8%)
21079-Prepare face/oral prosthesis	\$317,309	417	090	3%	-	80%	19-ORAL SURGERY (88%)	85-MAXILLOFACIAL (8%)	04-OTOLARYNG (2%)
21080-Prepare face/oral prosthesis	\$596,303	466	090	5%	-	91%	19-ORAL SURGERY (87%)	85-MAXILLOFACIAL (6%)	04-OTOLARYNG (4%)
21081-Prepare face/oral prosthesis	\$247,800	205	090	2%	-	83%	19-ORAL SURGERY (80%)	85-MAXILLOFACIAL (8%)	04-OTOLARYNG (5%)
21082-Prepare face/oral prosthesis	\$67,682	64	090	1%	-	83%	19-ORAL SURGERY (64%)	85-MAXILLOFACIAL (19%)	04-OTOLARYNG (11%)
21083-Prepare face/oral prosthesis	\$32,656	34	090	0%	-	88%	04-OTOLARYNG (79%)	85-MAXILLOFACIAL (12%)	70-GROUP PRAC (6%)
21084-Prepare face/oral prosthesis	\$48,002	110	090	0%	-	95%	04-OTOLARYNG (52%)	19-ORAL SURGERY (35%)	85-MAXILLOFACIAL (6%)
21085-Prepare face/oral prosthesis	\$56,503	223	090	0%	-	64%	19-ORAL SURGERY (65%)	85-MAXILLOFACIAL (30%)	24-PLASTIC SURG (2%)
21086-Prepare face/oral prosthesis	\$57,063	55	090	0%	-	84%	19-ORAL SURGERY (84%)	04-OTOLARYNG (5%)	02-GNRL SURGERY (4%)
21087-Prepare face/oral prosthesis	\$174,473	148	090	1%	-	82%	19-ORAL SURGERY (82%)	85-MAXILLOFACIAL (7%)	04-OTOLARYNG (3%)
21088-Prepare face/oral prosthesis	\$118,921	74	090	1%	-	80%	04-OTOLARYNG (12%)	54-MEDICAL SUPPL (9%)	19-ORAL SURGERY (15%)
21100-Maxillofacial fixation	\$3,671	67	090	0%	-	66%	01,08-GP/FP (25%)	48-PODIATRY (16%)	04-OTOLARYNG (3%)
21110-Interdental fixation	\$110,579	411	090	1%	1%	80%	19-ORAL SURGERY (78%)	85-MAXILLOFACIAL (13%)	04-OTOLARYNG (3%)
21120-Reconstruction of chin	\$3,482	22	090	0%	-	18%	24-PLASTIC SURG (41%)	14-NEUROSURGERY (14%)	02-GNRL SURGERY (9%)
21121-Reconstruction of chin	\$3,038	15	090	0%	1%	20%	19-ORAL SURGERY (33%)	01,08-GP/FP (13%)	24-PLASTIC SURG (13%)

Procedure	1993 HC Allowed Charges	1993 HC Service Units	Global Period	Pct. of Family AllChgs	Pct. of PrivPmts	Pct. of OFFICE	First Specialty	Second Specialty	Third Specialty
21122-Reconstruction of chin	\$485	3	090	0%	0%	0%	04-OTOLARYNG (33%)	24-PLASTIC SURG (33%)	70-GROUP PRAC (33%)
21123-Reconstruction of chin	\$423	3	090	0%	0%	0%	19-ORAL SURGERY (67%)	01,08-GP/FP (33%)	(.)
21125-Augmentation lower jaw bone	\$17,597	56	090	63%	0%	63%	19-ORAL SURGERY (34%)	85-MAXILLOFACIAL (39%)	24-PLASTIC SURG (5%)
21127-Augmentation lower jaw bone	\$14,216	26	090	0%	0%	31%	19-ORAL SURGERY (62%)	70-GROUP PRAC (15%)	85-MAXILLOFACIAL (12%)
21138-Reduction of forehead			090	0%	0%	0%	(.)	(.)	(.)
21139-Reduction of forehead	\$10	1	090	0%	0%	0%	24-PLASTIC SURG (100%)	(.)	(.)
21144-Reconstruct midface, lefort	\$20,781	56	090	0%	8%	32%	19-ORAL SURGERY (41%)	01,08-GP/FP (25%)	85-MAXILLOFACIAL (11%)
21145-Reconstruct midface, lefort	\$19,541	32	090	0%	0%	41%	01,08-GP/FP (44%)	19-ORAL SURGERY (31%)	24-PLASTIC SURG (13%)
21146-Reconstruct midface, lefort	\$9,200	12	090	0%	0%	0%	19-ORAL SURGERY (42%)	24-PLASTIC SURG (27%)	85-MAXILLOFACIAL (25%)
21147-Reconstruct midface, lefort	\$14,074	11	090	0%	4%	9%	85-MAXILLOFACIAL (36%)	19-ORAL SURGERY (27%)	02-GNRL SURGERY (9%)
21150-Reconstruct midface, lefort	\$2,363	3	090	0%	0%	33%	85-MAXILLOFACIAL (67%)	30-RADIOLOGY (33%)	(.)
21151-Reconstruct midface, lefort	\$934	3	090	0%	0%	0%	11-INTERNAL MED (67%)	24-PLASTIC SURG (33%)	(.)
21154-Reconstruct midface, lefort			090	0%	0%	0%	(.)	(.)	(.)
21155-Reconstruct midface, lefort	\$1,182	1	090	0%	0%	0%	04-OTOLARYNG (100%)	(.)	(.)
21159-Reconstruct midface, lefort	\$3,000	1	090	0%	0%	0%	70-GROUP PRAC (100%)	(.)	(.)
21160-Reconstruct midface, lefort			090	0%	0%	0%	(.)	(.)	(.)
21172-Reconstruct orbit/forehead	\$23,843	21	090	0%	0%	0%	24-PLASTIC SURG (38%)	04-OTOLARYNG (19%)	14-NEUROSURGERY (10%)
21175-Reconstruct orbit/forehead	\$12,128	5	090	0%	0%	0%	04-OTOLARYNG (40%)	24-PLASTIC SURG (40%)	02-GNRL SURGERY (20%)
21179-Reconstruct entire forehead	\$19,826	9	090	0%	0%	0%	24-PLASTIC SURG (67%)	70-GROUP PRAC (22%)	04-OTOLARYNG (11%)
21180-Reconstruct entire forehead	\$11,100	4	090	0%	0%	0%	04-OTOLARYNG (50%)	18-OPHTHALMOLOGY (25%)	24-PLASTIC SURG (25%)
21181-Contour cranial bone lesion	\$4,621	6	090	17%	0%	17%	24-PLASTIC SURG (83%)	02-GNRL SURGERY (17%)	(.)
21182-Reconstruct cranial bone	\$17,845	13	090	0%	0%	0%	24-PLASTIC SURG (31%)	04-OTOLARYNG (23%)	14-NEUROSURGERY (15%)
21183-Reconstruct cranial bone	\$3,431	2	090	0%	0%	0%	04-OTOLARYNG (50%)	(.)	(.)
21184-Reconstruct cranial bone			090	0%	0%	0%	(.)	(.)	(.)
21188-Reconstruct of midface	\$8,253	4	090	0%	0%	0%	18-OPHTHALMOLOGY (25%)	19-ORAL SURGERY (25%)	24-PLASTIC SURG (25%)
21193-Reconstruct lower jaw bone	\$36,506	59	090	0%	3%	7%	19-ORAL SURGERY (29%)	85-MAXILLOFACIAL (29%)	04-OTOLARYNG (24%)
21194-Reconstruct lower jaw bone	\$23,546	26	090	0%	0%	8%	19-ORAL SURGERY (42%)	24-PLASTIC SURG (27%)	04-OTOLARYNG (12%)
21195-Reconstruct lower jaw bone	\$5,982	12	090	0%	4%	0%	19-ORAL SURGERY (58%)	04-OTOLARYNG (25%)	02-GNRL SURGERY (8%)
21196-Reconstruct lower jaw bone	\$64,850	103	090	1%	13%	5%	19-ORAL SURGERY (44%)	19-ORAL SURGERY (20%)	85-MAXILLOFACIAL (17%)
21198-Reconstruct lower jaw bone	\$69,308	146	090	1%	2%	5%	04-OTOLARYNG (50%)	19-ORAL SURGERY (23%)	24-PLASTIC SURG (12%)
21206-Reconstruct upper jaw bone	\$22,172	35	090	0%	3%	6%	19-ORAL SURGERY (34%)	24-PLASTIC SURG (17%)	49-ASC (11%)
21208-Augmentation of facial bones	\$178,572	338	090	1%	2%	63%	19-ORAL SURGERY (68%)	85-MAXILLOFACIAL (15%)	24-PLASTIC SURG (9%)
21209-Reduction of facial bones	\$20,794	72	090	0%	0%	63%	19-ORAL SURGERY (60%)	85-MAXILLOFACIAL (18%)	24-PLASTIC SURG (10%)
21210-Face bone graft	\$394,601	594	090	3%	3%	64%	19-ORAL SURGERY (66%)	85-MAXILLOFACIAL (15%)	24-PLASTIC SURG (11%)
21215-Lower jaw bone graft	\$396,221	564	090	3%	2%	54%	19-ORAL SURGERY (73%)	85-MAXILLOFACIAL (19%)	24-PLASTIC SURG (4%)
21230-Rib cartilage graft	\$39,840	75	090	0%	0%	21%	24-PLASTIC SURG (51%)	19-ORAL SURGERY (19%)	04-OTOLARYNG (11%)
21235-Ear cartilage graft	\$457,052	974	090	4%	1%	8%	24-PLASTIC SURG (44%)	04-OTOLARYNG (28%)	18-OPHTHALMOLOGY (13%)
21240-Reconstruction of jaw joint	\$603,567	552	090	5%	12%	5%	19-ORAL SURGERY (59%)	85-MAXILLOFACIAL (29%)	70-GROUP PRAC (3%)
21242-Reconstruction of jaw joint	\$112,698	119	090	1%	2%	1%	19-ORAL SURGERY (59%)	85-MAXILLOFACIAL (37%)	02-GNRL SURGERY (2%)
21243-Reconstruction of jaw joint	\$85,113	109	090	1%	0%	2%	19-ORAL SURGERY (60%)	85-MAXILLOFACIAL (32%)	70-GROUP PRAC (4%)
21244-Reconstruction of lower jaw	\$308,767	401	090	3%	2%	2%	19-ORAL SURGERY (36%)	04-OTOLARYNG (30%)	85-MAXILLOFACIAL (13%)
21245-Reconstruction of jaw	\$31,586	59	090	0%	0%	17%	04-OTOLARYNG (42%)	19-ORAL SURGERY (24%)	24-PLASTIC SURG (17%)
21246-Reconstruction of jaw	\$24,181	44	090	0%	0%	52%	19-ORAL SURGERY (59%)	04-OTOLARYNG (16%)	85-MAXILLOFACIAL (11%)
21247-Reconstruct lower jaw bone	\$47,115	45	090	0%	4%	4%	19-ORAL SURGERY (64%)	85-MAXILLOFACIAL (16%)	24-PLASTIC SURG (9%)
21248-Reconstruction of jaw	\$411,305	517	090	3%	4%	68%	19-ORAL SURGERY (69%)	85-MAXILLOFACIAL (16%)	70-GROUP PRAC (5%)
21249-Reconstruction of jaw	\$272,170	241	090	2%	3%	69%	19-ORAL SURGERY (69%)	85-MAXILLOFACIAL (17%)	70-GROUP PRAC (7%)
21255-Reconstruct lower jaw bone	\$23,310	25	090	0%	0%	0%	04-OTOLARYNG (20%)	24-PLASTIC SURG (20%)	14-NEUROSURGERY (16%)
21256-Reconstruction of orbit	\$34,918	40	090	0%	0%	0%	04-OTOLARYNG (40%)	04-OTOLARYNG (25%)	18-OPHTHALMOLOGY (15%)
21260-Revise eye sockets	\$3,148	4	090	0%	0%	50%	04-OTOLARYNG (25%)	33-THORACIC SURG (25%)	70-GROUP PRAC (25%)
21261-Revise eye sockets	\$4,721	5	090	0%	0%	0%	04-OTOLARYNG (40%)	06-CARDIOLOGY (20%)	11-INTERNAL MED (20%)
21263-Revise eye sockets	\$110	1	090	0%	0%	100%	11-INTERNAL MED (100%)	(.)	(.)
21267-Revise eye sockets	\$27,595	32	090	0%	0%	0%	18-OPHTHALMOLOGY (41%)	14-NEUROSURGERY (28%)	24-PLASTIC SURG (16%)

Procedure

Procedure	1993 MC Units of Service	1993 MC Allowed Charges	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
21268-Revise eye sockets	11	\$10,901	0%	0%	24-PLASTIC SURG (36%)	14-NEUROSURGERY (27%)	04-OTOLARYNG (18%)
21270-Augmentation cheek bone	26	\$12,696	0%	15%	24-PLASTIC SURG (62%)	19-ORAL SURGERY (19%)	02-GNRL SURGERY (4%)
21275-Revision orbitofacial bones	19	\$9,321	0%	5%	24-PLASTIC SURG (37%)	18-OPHTHALMOLOGY (26%)	02-GNRL SURGERY (11%)
21280-Revision of eyelid	228	\$85,091	1%	9%	18-OPHTHALMOLOGY (58%)	24-PLASTIC SURG (28%)	49-ASC (7%)
21282-Revision of eyelid	916	\$386,984	3%	23%	04-OTOLARYNG (71%)	49-ASC (14%)	24-PLASTIC SURG (13%)
21295-Revision of jaw muscle/bone	5	\$202	0%	0%	18-OPHTHALMOLOGY (60%)	24-PLASTIC SURG (40%)	01,08-GP/FP (20%)
21296-Revision of jaw muscle/bone	3	\$575	0%	67%	19-ORAL SURGERY (100%)	(.)	(.)
21330-Repair of nose fracture	247	\$87,601	1%	9%	04-OTOLARYNG (59%)	24-PLASTIC SURG (30%)	49-ASC (4%)
21335-Repair of nose fracture	536	\$441,359	4%	11%	04-OTOLARYNG (73%)	24-PLASTIC SURG (18%)	49-ASC (5%)
21336-Repair nasal septal fracture	37	\$9,744	0%	8%	04-OTOLARYNG (51%)	24-PLASTIC SURG (41%)	01,08-GP/FP (5%)
21338-Repair nasothmoid fracture	19	\$3,820	0%	0%	24-PLASTIC SURG (62%)	04-OTOLARYNG (37%)	14-NEUROSURGERY (5%)
21339-Repair nasothmoid fracture	8	\$2,218	0%	0%	24-PLASTIC SURG (75%)	19-ORAL SURGERY (13%)	20-ORTHOPOD SURG (13%)
21340-Repair of sinus fracture	10	\$3,499	0%	0%	04-OTOLARYNG (70%)	01,08-GP/FP (10%)	18-OPHTHALMOLOGY (10%)
21343-Repair of sinus fracture	28	\$13,322	0%	7%	04-OTOLARYNG (43%)	24-PLASTIC SURG (32%)	70-GROUP PRAC (11%)
21348-Repair of sinus fracture	35	\$19,900	0%	7%	04-OTOLARYNG (49%)	24-PLASTIC SURG (29%)	70-GROUP PRAC (14%)
21345-Repair of nose/jaw fracture	22	\$9,892	0%	18%	24-PLASTIC SURG (32%)	19-ORAL SURGERY (27%)	04-OTOLARYNG (18%)
21346-Repair of nose/jaw fracture	48	\$19,863	0%	0%	24-PLASTIC SURG (29%)	04-OTOLARYNG (25%)	19-ORAL SURGERY (21%)
21347-Repair of nose/jaw fracture	93	\$55,489	0%	0%	24-PLASTIC SURG (38%)	04-OTOLARYNG (24%)	19-ORAL SURGERY (23%)
21348-Repair of nose/jaw fracture	6	\$927	0%	0%	24-PLASTIC SURG (67%)	85-MAXILLOFACIAL (33%)	(.)
21356-Repair cheek bone fracture	93	\$35,764	1%	2%	04-OTOLARYNG (39%)	24-PLASTIC SURG (34%)	19-ORAL SURGERY (18%)
21360-Repair cheek bone fracture	203	\$82,336	1%	9%	04-OTOLARYNG (38%)	24-PLASTIC SURG (26%)	19-ORAL SURGERY (21%)
21365-Repair cheek bone fracture	663	\$511,527	4%	3%	24-PLASTIC SURG (37%)	04-OTOLARYNG (34%)	19-ORAL SURGERY (13%)
21366-Repair cheek bone fracture	23	\$7,641	0%	0%	05-ANESTHESIA (52%)	18-OPHTHALMOLOGY (11%)	85-MAXILLOFACIAL (11%)
21385-Repair eye socket fracture	76	\$30,551	0%	7%	04-OTOLARYNG (49%)	24-PLASTIC SURG (26%)	04-OTOLARYNG (9%)
21386-Repair eye socket fracture	66	\$35,130	0%	6%	24-PLASTIC SURG (35%)	04-OTOLARYNG (32%)	18-OPHTHALMOLOGY (14%)
21387-Repair eye socket fracture	34	\$18,776	0%	3%	04-OTOLARYNG (38%)	24-PLASTIC SURG (35%)	19-ORAL SURGERY (15%)
21390-Repair eye socket fracture	341	\$192,978	2%	2%	24-PLASTIC SURG (41%)	18-OPHTHALMOLOGY (25%)	04-OTOLARYNG (21%)
21395-Repair eye socket fracture	77	\$50,986	0%	3%	24-PLASTIC SURG (65%)	18-OPHTHALMOLOGY (9%)	04-OTOLARYNG (8%)
21406-Repair eye socket fracture	78	\$16,545	0%	5%	04-OTOLARYNG (33%)	24-PLASTIC SURG (32%)	18-OPHTHALMOLOGY (10%)
21407-Repair eye socket fracture	92	\$34,491	0%	2%	24-PLASTIC SURG (69%)	04-OTOLARYNG (16%)	18-OPHTHALMOLOGY (16%)
21408-Repair eye socket fracture	13	\$3,881	0%	0%	24-PLASTIC SURG (62%)	18-OPHTHALMOLOGY (15%)	85-MAXILLOFACIAL (13%)
21421-Treat mouth roof fracture	78	\$27,168	1%	36%	19-ORAL SURGERY (58%)	24-PLASTIC SURG (22%)	24-PLASTIC SURG (10%)
21422-Repair mouth roof fracture	100	\$39,789	0%	8%	19-ORAL SURGERY (36%)	24-PLASTIC SURG (28%)	04-OTOLARYNG (16%)
21423-Repair mouth roof fracture	51	\$21,763	0%	2%	24-PLASTIC SURG (61%)	19-ORAL SURGERY (14%)	85-MAXILLOFACIAL (12%)
21431-Treat craniofacial fracture	7	\$2,561	0%	0%	04-OTOLARYNG (29%)	85-MAXILLOFACIAL (29%)	19-ORAL SURGERY (14%)
21432-Repair craniofacial fracture	22	\$5,455	0%	23%	04-OTOLARYNG (23%)	01,08-GP/FP (18%)	24-PLASTIC SURG (18%)
21433-Repair craniofacial fracture	28	\$33,152	0%	0%	24-PLASTIC SURG (32%)	19-ORAL SURGERY (29%)	04-OTOLARYNG (25%)
21435-Repair craniofacial fracture	33	\$26,721	0%	9%	04-OTOLARYNG (33%)	24-PLASTIC SURG (33%)	19-ORAL SURGERY (15%)
21436-Repair craniofacial fracture	6	\$5,853	0%	17%	19-ORAL SURGERY (33%)	24-PLASTIC SURG (33%)	85-MAXILLOFACIAL (33%)
21440-Repair dental ridge fracture	153	\$22,788	0%	46%	19-ORAL SURGERY (67%)	85-MAXILLOFACIAL (21%)	24-PLASTIC SURG (5%)
21445-Repair dental ridge fracture	75	\$20,174	0%	37%	19-ORAL SURGERY (60%)	24-PLASTIC SURG (16%)	85-MAXILLOFACIAL (16%)
21451-Treat lower jaw fracture	108	\$42,123	0%	26%	19-ORAL SURGERY (60%)	85-MAXILLOFACIAL (22%)	04-OTOLARYNG (7%)
21452-Treat lower jaw fracture	29	\$1,701	0%	59%	01,08-GP/FP (34%)	19-ORAL SURGERY (24%)	85-MAXILLOFACIAL (17%)
21453-Treat lower jaw fracture	327	\$73,368	1%	32%	19-ORAL SURGERY (59%)	85-MAXILLOFACIAL (17%)	04-OTOLARYNG (11%)
21454-Treat lower jaw fracture	88	\$50,818	0%	14%	19-ORAL SURGERY (59%)	85-MAXILLOFACIAL (19%)	04-OTOLARYNG (13%)
21461-Repair lower jaw fracture	294	\$165,671	1%	5%	19-ORAL SURGERY (50%)	04-OTOLARYNG (17%)	24-PLASTIC SURG (16%)
21462-Repair lower jaw fracture	328	\$226,713	2%	2%	19-ORAL SURGERY (50%)	85-MAXILLOFACIAL (19%)	04-OTOLARYNG (16%)
21465-Repair lower jaw fracture	63	\$25,729	0%	14%	19-ORAL SURGERY (57%)	24-PLASTIC SURG (16%)	04-OTOLARYNG (13%)
21470-Repair lower jaw fracture	724	\$631,812	5%	4%	19-ORAL SURGERY (46%)	04-OTOLARYNG (15%)	24-PLASTIC SURG (15%)
21490-Repair dislocated jaw	27	\$9,997	0%	19%	19-ORAL SURGERY (63%)	85-MAXILLOFACIAL (22%)	24-PLASTIC SURG (15%)
21493-Treat hyoid bone fracture	1	\$350	0%	100%	(.)	(.)	(.)
21494-Repair hyoid bone fracture	1	\$350	0%	100%	77-VASCULAR SURG (100%)	(.)	(.)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family Vol. in Office	First Specialty	Second Specialty	Third Specialty
21495-Repair hyoid bone fracture	\$1,581	6	090	0%	0%	19-ORAL SURGERY (50%)	04-OTOLARYNG (33%)	85-MAXILLOFACIAL (17%)
21497-Interdental wiring	\$9,769	54	090	0%	13%	19-ORAL SURGERY (56%)	04-OTOLARYNG (19%)	85-MAXILLOFACIAL (13%)
29800-Jaw arthroscopy/surgery	\$4,934	33	090	0%	39%	20-ORTHOPED SURG (39%)	19-ORAL SURGERY (36%)	02-GNRL SURGERY (9%)
29804-Jaw arthroscopy/surgery	\$132,636	193	090	1%	10%	19-ORAL SURGERY (72%)	85-MAXILLOFACIAL (25%)	04-OTOLARYNG (2%)
31225-Removal of upper jaw	\$1,243,864	1,081	090	10%	1%	04-OTOLARYNG (73%)	02-GNRL SURGERY (7%)	24-PLASTIC SURG (4%)
31230-Removal of upper jaw	\$147,470	117	090	1%	2%	04-OTOLARYNG (70%)	24-PLASTIC SURG (9%)	02-GNRL SURGERY (8%)

908-Simple Nose and Sinus Procedures

Family Medicare Charges: \$14,384,108
Family Private Payments: \$2,111,211

Percent of CPEP Medicare Charges: 6%
Percent of CPEP Private Payments: 6%

30000-Drainage of nose lesion	\$9,973	220	010	0%	76%	04-OTOLARYNG (40%)	01-08-GP/FP (31%)	11-INTERNAL MED (10%)
30020-Drainage of nose lesion	\$11,036	224	010	0%	58%	04-OTOLARYNG (73%)	11-INTERNAL MED (14%)	01-08-GP/FP (4%)
30100-Intranasal biopsy	\$139,013	2,990	010	1%	75%	04-OTOLARYNG (86%)	07-DERMATOLOGY (6%)	70-GROUP PRAC (3%)
30110-Removal of nose polyp(s)	\$252,285	2,648	010	2%	92%	04-OTOLARYNG (93%)	02-GNRL SURGERY (2%)	01-08-GP/FP (1%)
30115-Removal of nose polyp(s)	\$660,967	3,933	090	5%	10%	04-OTOLARYNG (90%)	49-ASC (6%)	70-GROUP PRAC (1%)
30117-Removal of intranasal lesion	\$351,543	1,679	090	2%	30%	04-OTOLARYNG (82%)	49-ASC (8%)	24-PLASTIC SURG (3%)
30124-Removal of nose lesion	\$32,195	297	090	0%	65%	01-08-GP/FP (24%)	04-OTOLARYNG (21%)	07-DERMATOLOGY (16%)
30125-Removal of nose lesion	\$22,506	67	090	0%	1%	04-OTOLARYNG (51%)	49-ASC (21%)	01-08-GP/FP (6%)
30130-Removal of turbinate bones	\$523,618	6,512	090	4%	10%	04-OTOLARYNG (82%)	49-ASC (7%)	18-OPHTHALMOLOGY (6%)
30140-Removal of turbinate bones	\$988,191	7,364	090	7%	34%	04-OTOLARYNG (88%)	49-ASC (6%)	24-PLASTIC SURG (3%)
30200-Injection treatment of nose	\$419,270	13,231	000	3%	2%	04-OTOLARYNG (98%)	01-08-GP/FP (1%)	18-OPHTHALMOLOGY (1%)
30210-Masal sinus therapy	\$57,277	2,173	010	0%	98%	04-OTOLARYNG (77%)	11-INTERNAL MED (19%)	01-08-GP/FP (3%)
30220-Insert nasal septal button	\$42,632	345	010	0%	62%	04-OTOLARYNG (70%)	11-INTERNAL MED (11%)	01-08-GP/FP (5%)
30300-Remove nasal foreign body	\$44,922	1,090	010	0%	60%	04-OTOLARYNG (54%)	01-08-GP/FP (18%)	93-EMERGENCY MED (12%)
30310-Remove nasal foreign body	\$10,503	100	010	0%	14%	04-OTOLARYNG (79%)	24-PLASTIC SURG (7%)	49-ASC (5%)
30430-Revision of nose	\$34,246	84	090	0%	17%	24-PLASTIC SURG (38%)	04-OTOLARYNG (35%)	49-ASC (19%)
30560-Release of nasal adhesions	\$24,213	570	010	0%	46%	04-OTOLARYNG (83%)	24-PLASTIC SURG (4%)	49-ASC (3%)
30901-Control of nosebleed	\$3,833,463	78,426	000	27%	57%	04-OTOLARYNG (51%)	93-EMERGENCY MED (19%)	01-08-GP/FP (17%)
30903-Control of nosebleed	\$2,915,976	39,978	000	20%	4%	04-OTOLARYNG (56%)	93-EMERGENCY MED (21%)	01-08-GP/FP (11%)
30905-Control of nosebleed	\$1,500,458	12,132	000	10%	23%	04-OTOLARYNG (55%)	93-EMERGENCY MED (19%)	01-08-GP/FP (12%)
30906-Repeat control of nosebleed	\$92,969	1,029	000	1%	36%	04-OTOLARYNG (79%)	01-08-GP/FP (8%)	93-EMERGENCY MED (4%)
30930-Irrigation maxillary sinus	\$60,941	1,888	010	4%	12%	04-OTOLARYNG (89%)	18-OPHTHALMOLOGY (6%)	24-PLASTIC SURG (3%)
31000-Irrigation maxillary sinus	\$508,464	12,197	010	4%	90%	04-OTOLARYNG (83%)	11-INTERNAL MED (5%)	01-08-GP/FP (4%)
31002-Irrigation sphenoid sinus	\$2,847	89	010	0%	76%	04-OTOLARYNG (40%)	01-08-GP/FP (31%)	11-INTERNAL MED (10%)
31020-Exploration maxillary sinus	\$412,203	3,319	090	3%	5%	04-OTOLARYNG (84%)	49-ASC (7%)	24-PLASTIC SURG (3%)
31030-Exploration maxillary sinus	\$960,597	2,380	090	7%	13%	04-OTOLARYNG (76%)	19-ORAL SURGERY (8%)	49-ASC (4%)
31032-Explore sinus,remove polyps	\$481,660	1,004	090	3%	6%	04-OTOLARYNG (79%)	19-ORAL SURGERY (7%)	49-ASC (5%)

912-Complex Nose and Sinus Procedures

Family Medicare Charges: \$17,628,744
Family Private Payments: \$8,909,754

Percent of CPEP Medicare Charges: 7%
Percent of CPEP Private Payments: 25%

30118-Removal of intranasal lesion	\$210,913	498	090	1%	6%	04-OTOLARYNG (79%)	49-ASC (6%)	24-PLASTIC SURG (4%)
30120-Revision of nose	\$240,082	537	090	1%	29%	24-PLASTIC SURG (37%)	04-OTOLARYNG (24%)	07-DERMATOLOGY (20%)
30150-Partial removal of nose	\$155,546	475	090	1%	5%	04-OTOLARYNG (53%)	24-PLASTIC SURG (24%)	30-RADIOLOGY (10%)
30160-Removal of nose	\$50,162	92	090	0%	4%	04-OTOLARYNG (48%)	24-PLASTIC SURG (27%)	02-GNRL SURGERY (11%)
30320-Remove nasal foreign body	\$4,000	22	090	0%	18%	04-OTOLARYNG (45%)	02-GNRL SURGERY (14%)	01-08-GP/FP (9%)
30400-Reconstruction of nose	\$89,451	138	090	1%	7%	04-OTOLARYNG (45%)	49-ASC (26%)	24-PLASTIC SURG (22%)
30410-Reconstruction of nose	\$80,347	90	090	1%	9%	04-OTOLARYNG (40%)	24-PLASTIC SURG (33%)	49-ASC (19%)
30420-Reconstruction of nose	\$653,305	506	090	4%	5%	04-OTOLARYNG (62%)	24-PLASTIC SURG (23%)	49-ASC (11%)
30435-Revision of nose	\$24,010	36	090	0%	6%	04-OTOLARYNG (50%)	24-PLASTIC SURG (31%)	49-ASC (17%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDchs	Pct. of Family PrivPmts	Pct. of Vol. In OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty

30450-Revision of nose	\$43,981	51	090	0%	0%	8%	24-PLASTIC SURG (39%)	04-OTOLARYNG (37%)	49-ASC (14%)
30460-Revision of nose	\$3,707	21	090	0%	0%	18%	24-PLASTIC SURG (45%)	04-OTOLARYNG (27%)	01,08-GP/FP (9%)
30462-Revision of nose	\$22,270	11	090	0%	0%	0%	04-OTOLARYNG (43%)	24-PLASTIC SURG (43%)	01,08-GP/FP (5%)
30520-Repair of nasal septum	\$7,988,678	17,384	090	45%	52%	3%	04-OTOLARYNG (85%)	49-ASC (8%)	24-PLASTIC SURG (3%)
30540-Repair nasal defect	\$6,388	22	090	0%	0%	27%	04-OTOLARYNG (64%)	01,08-GP/FP (14%)	02-GNRL SURGERY (9%)
30545-Repair nasal defect	\$667	1	090	0%	0%	0%	07-GROUP PRAC (100%)	(.)	(.)
30580-Repair upper jaw fistula	\$201,044	604	090	1%	0%	71%	19-ORAL SURGERY (68%)	85-MAXILLOFACIAL (15%)	04-OTOLARYNG (13%)
30600-Repair mouth/nose fistula	\$31,474	128	090	0%	0%	41%	19-ORAL SURGERY (31%)	04-OTOLARYNG (26%)	24-PLASTIC SURG (14%)
30620-Intranasal reconstruction	\$919,569	1,734	090	5%	13%	5%	04-OTOLARYNG (78%)	24-PLASTIC SURG (9%)	49-ASC (9%)
30630-Repair nasal septum defect	\$71,639	235	090	0%	0%	30%	04-OTOLARYNG (56%)	11-INTERNAL MED (10%)	49-ASC (9%)
30801-Cauterization inner nose	\$145,151	3,378	010	1%	0%	67%	04-OTOLARYNG (73%)	01,08-GP/FP (13%)	11-INTERNAL MED (3%)
30802-Cauterization inner nose	\$95,183	1,566	010	1%	0%	23%	04-OTOLARYNG (91%)	01,08-GP/FP (3%)	01,08-GP/FP (3%)
31040-Exploration behind upper jaw	\$40,480	606	090	1%	0%	83%	11-INTERNAL MED (29%)	02-GNRL SURGERY (20%)	04-OTOLARYNG (18%)
31050-Exploration sphenoid sinus	\$197,506	608	090	1%	0%	3%	04-OTOLARYNG (84%)	70-GROUP PRAC (5%)	49-ASC (5%)
31051-Sphenoid sinus surgery	\$145,536	358	090	1%	0%	4%	04-OTOLARYNG (86%)	49-ASC (4%)	24-PLASTIC SURG (3%)
31070-Exploration of frontal sinus	\$73,919	408	090	1%	0%	3%	04-OTOLARYNG (87%)	49-ASC (7%)	70-GROUP PRAC (1%)
31075-Exploration of frontal sinus	\$158,103	260	090	1%	0%	3%	04-OTOLARYNG (90%)	18-OPHTHALMOLOGY (3%)	70-GROUP PRAC (2%)
31080-Removal of frontal sinus	\$14,947	34	090	0%	0%	26%	04-OTOLARYNG (50%)	01,08-GP/FP (9%)	02-GNRL SURGERY (6%)
31081-Removal of frontal sinus	\$16,200	38	090	0%	0%	0%	14-NEUROSURGERY (50%)	04-OTOLARYNG (32%)	70-GROUP PRAC (5%)
31084-Removal of frontal sinus	\$76,551	94	090	0%	0%	0%	04-OTOLARYNG (85%)	70-GROUP PRAC (5%)	14-NEUROSURGERY (3%)
31085-Removal of frontal sinus	\$114,277	148	090	1%	0%	1%	04-OTOLARYNG (79%)	14-NEUROSURGERY (9%)	24-PLASTIC SURG (5%)
31086-Removal of frontal sinus	\$14,653	24	090	0%	0%	0%	04-OTOLARYNG (88%)	24-PLASTIC SURG (4%)	49-ASC (4%)
31087-Removal of frontal sinus	\$8,963	14	090	0%	0%	7%	04-OTOLARYNG (79%)	24-PLASTIC SURG (14%)	05-ANESTHESIA (7%)
31090-Exploration of sinuses	\$4,312,559	3,403	090	15%	3%	3%	04-OTOLARYNG (91%)	49-ASC (5%)	70-GROUP PRAC (1%)
31200-Removal of ethmoid sinus	\$334,826	1,367	090	2%	1%	6%	04-OTOLARYNG (59%)	18-OPHTHALMOLOGY (19%)	49-ASC (10%)
31201-Removal of ethmoid sinus	\$793,866	1,555	090	5%	3%	3%	04-OTOLARYNG (88%)	49-ASC (6%)	18-OPHTHALMOLOGY (1%)
31205-Removal of ethmoid sinus	\$288,811	723	090	2%	0%	1%	04-OTOLARYNG (55%)	18-OPHTHALMOLOGY (29%)	24-PLASTIC SURG (5%)

916-Simple Ear Procedures
 Family Medicare Charges: \$24,688,142
 Family Private Payments: \$2,784,290
 Percent of CPEP Medicare Charges: 10%
 Percent of CPEP Private Payments: 8%

69000-Drain external ear lesion	\$77,334	1,943	010	0%	0%	89%	04-OTOLARYNG (45%)	01,08-GP/FP (26%)	11-INTERNAL MED (15%)
69005-Drain external ear lesion	\$48,877	535	010	0%	0%	67%	04-OTOLARYNG (68%)	01,08-GP/FP (10%)	11-INTERNAL MED (6%)
69020-Drain outer ear canal	\$66,035	1,353	010	0%	0%	94%	04-OTOLARYNG (75%)	01,08-GP/FP (10%)	11-INTERNAL MED (8%)
69105-Biopsy of external ear canal	\$53,603	935	000	0%	0%	83%	04-OTOLARYNG (90%)	07-DERMATOLOGY (5%)	70-GROUP PRAC (2%)
69110-Partial removal external ear	\$438,640	2,133	090	2%	1%	38%	04-OTOLARYNG (38%)	24-PLASTIC SURG (17%)	07-DERMATOLOGY (17%)
69145-Remove ear canal lesion(s)	\$251,580	1,407	090	1%	1%	48%	04-OTOLARYNG (83%)	49-ASC (7%)	02-GNRL SURGERY (3%)
69200-Clear outer ear canal	\$537,709	16,923	000	2%	2%	84%	04-OTOLARYNG (37%)	01,08-GP/FP (31%)	11-INTERNAL MED (15%)
69205-Clear outer ear canal	\$32,110	432	010	0%	1%	34%	04-OTOLARYNG (67%)	01,08-GP/FP (10%)	11-INTERNAL MED (7%)
69210-Remove impacted ear wax	\$14,011,067	662,642	000	57%	11%	96%	01,08-GP/FP (41%)	11-INTERNAL MED (25%)	04-OTOLARYNG (24%)
69222-Clean out mastoid cavity	\$983,020	23,153	000	4%	0%	97%	04-OTOLARYNG (91%)	01,08-GP/FP (4%)	11-INTERNAL MED (2%)
69222-Clean out mastoid cavity	\$320,138	3,781	010	1%	0%	92%	04-OTOLARYNG (96%)	01,08-GP/FP (1%)	10-GASTROENTER (1%)
69400-Inflate middle ear canal	\$146,655	4,061	000	1%	0%	100%	04-OTOLARYNG (97%)	01,08-GP/FP (1%)	37-PEDIATRICS (1%)
69405-Catheterize middle ear canal	\$9,565	155	010	0%	0%	94%	04-OTOLARYNG (91%)	01,08-GP/FP (6%)	70-GROUP PRAC (1%)
69410-Inset middle ear baffle	\$3,782	148	000	0%	0%	91%	04-OTOLARYNG (66%)	01,08-GP/FP (22%)	83-HEMATOL/ONCOL (5%)
69420-Incision of eardrum	\$746,519	13,554	010	3%	2%	89%	04-OTOLARYNG (97%)	70-GROUP PRAC (1%)	18-OPHTHALMOLOGY (0%)
69421-Incision of eardrum	\$100,756	639	010	0%	1%	26%	04-OTOLARYNG (71%)	49-ASC (23%)	01,08-GP/FP (2%)
69424-Remove ventilating tube	\$55,602	1,048	000	0%	1%	60%	04-OTOLARYNG (74%)	29-PULMONARY DIS (15%)	11-INTERNAL MED (7%)
69433-Create eardrum opening	\$3,319,311	33,804	010	13%	8%	91%	04-OTOLARYNG (97%)	70-GROUP PRAC (1%)	02-GNRL SURGERY (0%)
69436-Create eardrum opening	\$1,528,957	9,035	010	6%	68%	17%	04-OTOLARYNG (91%)	49-ASC (5%)	70-GROUP PRAC (1%)
69540-Remove ear lesion	\$65,389	656	010	0%	0%	79%	04-OTOLARYNG (93%)	70-GROUP PRAC (2%)	01,08-GP/FP (2%)

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Procedure

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDChgs	Pct. of Family Vol. in Office	Top Medicare Specialties (% of Procedure Volume)
69610-Repair of eardrum	\$321,922	2,763	010	1%	94%	07-DERMATOLOGY (9%) 70-GROUP PRAC (2%)
69700-Close mastoid fistula	\$7,889	23	090	0%	22%	49-ASC (9%) 20-ORTHOPED SURG (4%)
92502-Ear and throat examination	\$48,498	637	000	0%	16%	11-INTERNAL MED (5%) 70-GROUP PRAC (4%)
92504-Ear microscopy examination	\$1,513,184	82,688	XXX	6%	98%	41-OPHTHOMETRIST (3%) 18-OPHTHALMOLOGY (1%)

920-Complex Ear Procedures

Family Medicare Charges: \$15,480,097
Family Private Payments: \$2,749,142

Percent of CPEP Medicare Charges: 6%
Percent of CPEP Private Payments: 8%

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDChgs	Pct. of Family Vol. in Office	Top Medicare Specialties (% of Procedure Volume)
69120-Removal of external ear	\$24,040	291	090	0%	46%	01-08-GP/FP (20%) 11-INTERNAL MED (12%)
69140-Remove ear canal lesion(s)	\$98,822	211	090	1%	8%	70-GROUP PRAC (3%) 49-ASC (8%)
69150-Extensive ear canal surgery	\$200,704	321	090	1%	3%	24-PLASTIC SURG (13%) 02-GHRL SURGERY (9%)
69155-Extensive ear/neck surgery	\$22,286	30	090	0%	0%	24-PLASTIC SURG (7%) 24-PLASTIC SURG (17%)
69300-Revise external ear	\$6,337	12	YYY	3%	17%	02-GHRL SURGERY (17%) 01-08-GP/FP (4%)
69310-Rebuild outer ear canal	\$500,836	823	090	3%	12%	49-ASC (5%) 24-PLASTIC SURG (3%)
69320-Rebuild outer ear canal	\$56,928	59	090	1%	2%	01-08-GP/FP (4%) 03-ALLERGY/IMMUN (3%)
69401-Inflate middle ear canal	\$57,660	2,720	000	0%	100%	01-08-GP/FP (4%) 02-GHRL SURGERY (1%)
69440-Exploration of middle ear	\$423,588	898	090	3%	10%	49-ASC (4%) 01-08-GP/FP (1%)
69450-Eardrum revision	\$43,114	101	090	0%	17%	49-ASC (6%) 70-GROUP PRAC (6%)
69501-Mastoidectomy	\$47,384	84	090	0%	1%	70-GROUP PRAC (4%) 49-ASC (3%)
69502-Mastoidectomy	\$233,427	268	090	2%	2%	70-GROUP PRAC (2%) 49-ASC (2%)
69505-Remove mastoid structures	\$265,677	262	090	2%	3%	02-GHRL SURGERY (2%) 70-GROUP PRAC (3%)
69511-Extensive mastoid surgery	\$254,460	247	090	2%	3%	19-ORAL SURGERY (22%) 02-GHRL SURGERY (6%)
69530-Extensive mastoid surgery	\$17,582	27	090	0%	44%	49-ASC (4%) 18-OPHTHALMOLOGY (3%)
69535-Remove part of temporal bone	\$270,516	161	090	2%	0%	70-GROUP PRAC (7%) 05-ANESTHESIA (26%)
69550-Remove ear lesion	\$72,548	78	090	0%	6%	05-ANESTHESIA (4%) 24-PLASTIC SURG (4%)
69552-Remove ear lesion	\$46,183	39	090	0%	0%	49-ASC (3%) 70-GROUP PRAC (3%)
69554-Remove ear lesion	\$37,950	28	090	0%	4%	11-INTERNAL MED (14%) 70-GROUP PRAC (1%)
69601-Mastoid surgery revision	\$66,625	99	090	0%	4%	70-GROUP PRAC (2%) 49-ASC (10%)
69602-Mastoid surgery revision	\$97,719	105	090	1%	2%	70-GROUP PRAC (2%) 49-ASC (11%)
69603-Mastoid surgery revision	\$130,260	116	090	1%	1%	49-ASC (6%) 70-GROUP PRAC (1%)
69604-Mastoid surgery revision	\$150,966	110	090	1%	0%	70-GROUP PRAC (2%) 49-ASC (5%)
69605-Mastoid surgery revision	\$4,314	7	090	0%	43%	19-ORAL SURGERY (29%) 49-ASC (5%)
69620-Repair of eardrum	\$321,502	483	090	2%	28%	70-GROUP PRAC (1%) 70-GROUP PRAC (2%)
69631-Repair eardrum structures	\$2,961,171	3,316	090	19%	33%	70-GROUP PRAC (2%) 49-ASC (10%)
69632-Rebuild eardrum structures	\$665,320	667	090	4%	2%	70-GROUP PRAC (2%) 49-ASC (11%)
69633-Rebuild eardrum structures	\$580,859	578	090	4%	1%	49-ASC (6%) 70-GROUP PRAC (1%)
69635-Repair eardrum structures	\$450,219	408	090	3%	3%	70-GROUP PRAC (2%) 49-ASC (5%)
69636-Rebuild eardrum structures	\$223,565	187	090	1%	2%	70-GROUP PRAC (1%) 49-ASC (5%)
69637-Rebuild eardrum structures	\$175,940	138	090	1%	1%	70-GROUP PRAC (1%) 49-ASC (5%)
69641-Revise middle ear & mastoid	\$1,168,409	1,049	090	8%	2%	70-GROUP PRAC (2%) 49-ASC (7%)
69642-Revise middle ear & mastoid	\$564,846	457	090	4%	2%	70-GROUP PRAC (2%) 49-ASC (3%)
69643-Revise middle ear & mastoid	\$532,680	381	090	3%	2%	70-GROUP PRAC (2%) 49-ASC (3%)
69644-Revise middle ear & mastoid	\$456,205	301	090	3%	1%	70-GROUP PRAC (2%) 49-ASC (1%)
69645-Revise middle ear & mastoid	\$370,702	257	090	2%	2%	70-GROUP PRAC (2%) 49-ASC (3%)
69646-Revise middle ear & mastoid	\$250,494	179	090	2%	2%	70-GROUP PRAC (2%) 49-ASC (3%)
69650-Release middle ear bone	\$52,432	86	090	0%	6%	70-GROUP PRAC (1%) 01-08-GP/FP (2%)
69660-Revise middle ear bone	\$1,488,225	1,450	090	10%	13%	70-GROUP PRAC (2%) 49-ASC (8%)
69661-Revise middle ear bone	\$184,394	165	090	1%	1%	70-GROUP PRAC (2%) 49-ASC (9%)
69662-Revise middle ear bone	\$299,060	307	090	2%	1%	05-ANESTHESIA (5%) 70-GROUP PRAC (2%)
69666-Repair middle ear structures	\$230,008	289	090	1%	1%	49-ASC (12%) 49-ASC (4%)
69667-Repair middle ear structures	\$155,862	196	090	1%	2%	01-08-GP/FP (3%) 49-ASC (3%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Pct. of Family Allidchs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Specialty		
						First Specialty	Second Specialty	Third Specialty
69670-Remove mastoid air cells	\$28,047	61	0%	0%	2%	04-OTOLARYNG (92%)	70-GROUP PRAC (3%)	01,08-GP/FP (2%)
69676-Remove middle ear nerve	\$13,671	24	0%	0%	0%	04-OTOLARYNG (96%)	49-ASC (4%)	(.)
69711-Remove/repair hearing aid	\$1,325	10	0%	0%	90%	04-OTOLARYNG (50%)	01,08-GP/FP (20%)	03-ALLERGY/IMMUN (20%)
69720-Release facial nerve	\$109,812	117	0%	0%	5%	04-OTOLARYNG (89%)	14-NEUROSURGERY (3%)	02-GNRL SURGERY (2%)
69725-Release facial nerve	\$7,905	11	0%	0%	5%	04-OTOLARYNG (100%)	(.)	(.)
69740-Repair facial nerve	\$10,747	23	0%	0%	17%	04-OTOLARYNG (65%)	04-OTOLARYNG (13%)	93-EMERGENCY MED (9%)
69745-Repair facial nerve	\$38,335	67	0%	0%	0%	49-ASC (96%)	04-OTOLARYNG (4%)	(.)
69801-Incise inner ear	\$135,036	162	0%	0%	1%	04-OTOLARYNG (65%)	49-ASC (30%)	01,08-GP/FP (2%)
69802-Incise inner ear	\$44,656	35	0%	0%	0%	04-OTOLARYNG (69%)	49-ASC (20%)	14-NEUROSURGERY (6%)
69805-Explore inner ear	\$35,078	40	0%	0%	3%	04-OTOLARYNG (98%)	49-ASC (3%)	(.)
69806-Explore inner ear	\$425,955	453	0%	2%	3%	04-OTOLARYNG (63%)	05-ANESTHESIA (28%)	49-ASC (8%)
69820-Establish inner ear window	\$10,375	20	0%	0%	35%	04-OTOLARYNG (70%)	41-OPTOMETRIST (10%)	49-ASC (10%)
69840-Revise inner ear window	\$1,369	3	0%	0%	33%	16-OB-GYNECOLOGY (33%)	18-OPHTHALMOLOGY (33%)	49-ASC (33%)
69905-Remove inner ear	\$93,319	93	0%	0%	2%	04-OTOLARYNG (87%)	49-ASC (6%)	70-GROUP PRAC (5%)
69910-Remove inner ear & mastoid	\$197,307	162	0%	0%	4%	04-OTOLARYNG (86%)	49-ASC (4%)	70-GROUP PRAC (4%)
69915-Incise inner ear nerve	\$57,220	59	0%	0%	2%	04-OTOLARYNG (90%)	14-NEUROSURGERY (7%)	02-GNRL SURGERY (2%)
69955-Release facial nerve	\$7,367	8	0%	0%	(.)	04-OTOLARYNG (100%)	(.)	(.)
69960-Release inner ear canal	\$20,774	17	0%	0%	0%	04-OTOLARYNG (76%)	14-NEUROSURGERY (18%)	18-OPHTHALMOLOGY (6%)
924-Cochlear Device Implantation								
Family Medicare Charges: \$242,015						Percent of CPEP Medicare Charges: 0%		
Family Private Payments:						Percent of CPEP Private Payments:		
69930-Implant cochlear device	\$242,015	182	100%	0%	25%	04-OTOLARYNG (68%)	64-AUDILOGISTS (18%)	70-GROUP PRAC (5%)
928-Simple Oral and Pharyngeal Procedures								
Family Medicare Charges: \$8,316,193						Percent of CPEP Medicare Charges: 3%		
Family Private Payments: \$4,718,115						Percent of CPEP Private Payments: 13%		
40490-Biopsy of lip	\$494,749	8,862	6%	0%	94%	07-DERMATOLOGY (65%)	04-OTOLARYNG (13%)	19-ORAL SURGERY (11%)
40500-Partial excision of lip	\$704,883	1,699	8%	0%	36%	24-PLASTIC SURG (24%)	04-OTOLARYNG (22%)	07-DERMATOLOGY (19%)
40510-Partial excision of lip	\$697,820	1,803	8%	0%	46%	24-PLASTIC SURG (22%)	04-OTOLARYNG (22%)	19-ORAL SURGERY (17%)
40520-Partial excision of lip	\$769,695	2,432	9%	0%	34%	24-PLASTIC SURG (37%)	04-OTOLARYNG (21%)	02-GNRL SURGERY (15%)
40800-Drainage of mouth lesion	\$45,135	900	1%	0%	87%	19-ORAL SURGERY (56%)	04-OTOLARYNG (12%)	85-MAXILLOFACIAL (11%)
40801-Drainage of mouth lesion	\$72,163	520	1%	0%	69%	19-ORAL SURGERY (64%)	04-OTOLARYNG (17%)	04-OTOLARYNG (8%)
40804-Removal foreign body, mouth	\$6,988	148	0%	0%	74%	19-ORAL SURGERY (32%)	01,08-GP/FP (22%)	04-OTOLARYNG (16%)
40805-Removal foreign body, mouth	\$12,509	87	0%	0%	79%	19-ORAL SURGERY (54%)	04-OTOLARYNG (24%)	85-MAXILLOFACIAL (9%)
40806-Incision of lip fold	\$697	36	0%	0%	78%	19-ORAL SURGERY (61%)	85-MAXILLOFACIAL (19%)	04-OTOLARYNG (11%)
40808-Biopsy of mouth lesion	\$290,339	6,119	0%	0%	90%	19-ORAL SURGERY (46%)	04-OTOLARYNG (33%)	85-MAXILLOFACIAL (9%)
40810-Excision of mouth lesion	\$169,752	2,151	0%	2%	84%	19-ORAL SURGERY (47%)	04-OTOLARYNG (28%)	85-MAXILLOFACIAL (11%)
40812-Excise/repair mouth lesion	\$649,951	6,089	0%	1%	88%	19-ORAL SURGERY (61%)	85-MAXILLOFACIAL (17%)	04-OTOLARYNG (14%)
40814-Excise/repair mouth lesion	\$380,114	1,787	0%	5%	72%	19-ORAL SURGERY (60%)	04-OTOLARYNG (16%)	85-MAXILLOFACIAL (13%)
40818-Excise oral mucosa for graft	\$18,878	202	0%	0%	23%	18-OPHTHALMOLOGY (37%)	19-ORAL SURGERY (22%)	04-OTOLARYNG (19%)
40819-Excise lip or cheek fold	\$23,194	249	0%	1%	78%	19-ORAL SURGERY (58%)	85-MAXILLOFACIAL (18%)	04-OTOLARYNG (8%)
40820-Treatment of mouth lesion	\$52,284	824	0%	1%	65%	04-OTOLARYNG (34%)	19-ORAL SURGERY (20%)	01,08-GP/FP (19%)
40830-Repair mouth laceration	\$10,995	210	0%	0%	28%	19-ORAL SURGERY (30%)	93-EMERGENCY MED (29%)	01,08-GP/FP (17%)
40831-Repair mouth laceration	\$23,375	232	0%	0%	17%	19-ORAL SURGERY (34%)	24-PLASTIC SURG (20%)	04-OTOLARYNG (11%)
41000-Drainage of mouth lesion	\$18,665	380	0%	0%	78%	19-ORAL SURGERY (40%)	04-OTOLARYNG (25%)	01,08-GP/FP (12%)
41005-Drainage of mouth lesion	\$2,646	56	0%	0%	87%	19-ORAL SURGERY (36%)	04-OTOLARYNG (32%)	85-MAXILLOFACIAL (11%)
41006-Drainage of mouth lesion	\$5,034	53	0%	0%	50%	19-ORAL SURGERY (59%)	04-OTOLARYNG (20%)	85-MAXILLOFACIAL (13%)
41007-Drainage of mouth lesion	\$7,324	53	0%	0%	64%	19-ORAL SURGERY (64%)	04-OTOLARYNG (19%)	85-MAXILLOFACIAL (13%)
41008-Drainage of mouth lesion	\$14,917	150	0%	0%	57%	19-ORAL SURGERY (57%)	85-MAXILLOFACIAL (19%)	04-OTOLARYNG (15%)

1993 MC Allowed Charges 1993 MC Units of Service Global Period AllChgs Family PrivPmts Pct. of Family Vol. in OFFICE Pct. of Family PrivPmts

Procedure

First Specialty

Second Specialty

Third Specialty

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	AllChgs	Family PrivPmts	Pct. of Family Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
41009-Drainage of mouth lesion	\$15,874	98	090	090	0%	46%	19-ORAL SURGERY (65%)	85-MAXILLOFACIAL (15%)	04-OTOLARYNG (14%)
41010-Incision of tongue fold	\$1,766	54	010	010	0%	46%	30-RADIOLOGY (35%)	01,08-GP/FP (15%)	04-OTOLARYNG (13%)
41015-Drainage of mouth lesion	\$5,181	60	090	090	0%	52%	19-ORAL SURGERY (48%)	85-MAXILLOFACIAL (22%)	04-OTOLARYNG (17%)
41016-Drainage of mouth lesion	\$14,791	88	090	090	0%	32%	19-ORAL SURGERY (58%)	04-OTOLARYNG (20%)	85-MAXILLOFACIAL (17%)
41017-Drainage of mouth lesion	\$15,324	133	090	090	0%	44%	19-ORAL SURGERY (62%)	85-MAXILLOFACIAL (20%)	04-OTOLARYNG (11%)
41018-Drainage of mouth lesion	\$13,376	61	090	090	0%	26%	19-ORAL SURGERY (64%)	04-OTOLARYNG (18%)	85-MAXILLOFACIAL (16%)
41100-Biopsy of tongue	\$262,314	4,518	010	3%	0%	84%	04-OTOLARYNG (48%)	19-ORAL SURGERY (22%)	85-MAXILLOFACIAL (6%)
41105-Biopsy of tongue	\$119,573	1,636	010	1%	0%	63%	04-OTOLARYNG (59%)	19-ORAL SURGERY (23%)	85-MAXILLOFACIAL (6%)
41110-Biopsy of floor of mouth	\$124,200	2,342	010	1%	0%	79%	04-OTOLARYNG (54%)	19-ORAL SURGERY (28%)	85-MAXILLOFACIAL (6%)
41110-Excision of tongue lesion	\$109,067	1,129	010	1%	0%	65%	04-OTOLARYNG (55%)	19-ORAL SURGERY (19%)	85-MAXILLOFACIAL (6%)
41112-Excision of tongue lesion	\$565,379	3,223	090	7%	1%	63%	19-ORAL SURGERY (41%)	04-OTOLARYNG (34%)	85-MAXILLOFACIAL (10%)
41115-Excision of tongue fold	\$7,169	72	010	0%	0%	72%	19-ORAL SURGERY (60%)	85-MAXILLOFACIAL (18%)	04-OTOLARYNG (15%)
41116-Excision of mouth lesion	\$249,264	1,603	090	3%	0%	43%	04-OTOLARYNG (48%)	19-ORAL SURGERY (30%)	85-MAXILLOFACIAL (8%)
41250-Repair tongue laceration	\$22,472	266	010	0%	0%	30%	01,08-GP/FP (23%)	93-EMERGENCY MED (20%)	19-ORAL SURGERY (19%)
41251-Repair tongue laceration	\$1,549	15	010	0%	0%	33%	04-OTOLARYNG (20%)	19-ORAL SURGERY (20%)	01,08-GP/FP (13%)
41252-Repair tongue laceration	\$23,113	150	010	0%	0%	13%	19-ORAL SURGERY (23%)	04-OTOLARYNG (21%)	24-PLASTIC SURG (17%)
41510-Tongue to lip surgery	\$2,110	12	090	0%	0%	42%	04-OTOLARYNG (25%)	11-INTERNAL MED (25%)	02-GNRL SURGERY (17%)
41520-Reconstruction, tongue fold	\$9,607	68	090	0%	0%	68%	19-ORAL SURGERY (56%)	04-OTOLARYNG (21%)	85-MAXILLOFACIAL (18%)
41800-Drainage of gum lesion	\$30,601	536	010	0%	0%	74%	19-ORAL SURGERY (62%)	85-MAXILLOFACIAL (15%)	04-OTOLARYNG (8%)
41805-Removal foreign body, gum	\$25,834	283	010	0%	0%	73%	19-ORAL SURGERY (69%)	49-ASC (15%)	85-MAXILLOFACIAL (5%)
41806-Removal foreign body, jawbone	\$36,266	281	010	0%	0%	68%	19-ORAL SURGERY (65%)	85-MAXILLOFACIAL (19%)	49-ASC (8%)
41822-Excision of gum lesion	\$1,031	8	010	0%	0%	0%	04-OTOLARYNG (75%)	85-MAXILLOFACIAL (25%)	(.)
41823-Excision of gum lesion	\$5,484	21	090	0%	0%	67%	19-ORAL SURGERY (62%)	85-MAXILLOFACIAL (33%)	04-OTOLARYNG (5%)
41825-Excision of gum lesion	\$85,428	945	010	1%	0%	81%	19-ORAL SURGERY (57%)	85-MAXILLOFACIAL (18%)	04-OTOLARYNG (17%)
41826-Excision of gum lesion	\$200,166	1,491	010	3%	0%	90%	19-ORAL SURGERY (75%)	85-MAXILLOFACIAL (17%)	04-OTOLARYNG (5%)
41827-Excision of gum lesion	\$140,266	555	090	2%	0%	68%	19-ORAL SURGERY (58%)	85-MAXILLOFACIAL (19%)	04-OTOLARYNG (14%)
42000-Drainage mouth roof lesion	\$7,033	420	010	0%	0%	46%	54-MEDICAL SUPPL (48%)	19-ORAL SURGERY (12%)	04-OTOLARYNG (9%)
42100-Biopsy roof of mouth	\$149,953	2,529	010	2%	0%	81%	04-OTOLARYNG (54%)	19-ORAL SURGERY (29%)	85-MAXILLOFACIAL (8%)
42104-Excision lesion, mouth roof	\$185,937	1,534	010	2%	0%	65%	04-OTOLARYNG (41%)	19-ORAL SURGERY (37%)	85-MAXILLOFACIAL (9%)
42106-Excision lesion, mouth roof	\$238,785	1,418	010	3%	0%	76%	19-ORAL SURGERY (60%)	04-OTOLARYNG (20%)	85-MAXILLOFACIAL (14%)
42140-Excision of uvula	\$24,349	274	090	0%	0%	22%	04-OTOLARYNG (86%)	49-ASC (7%)	70-GROUP PRAC (3%)
42160-Treatment mouth roof lesion	\$16,690	179	010	0%	0%	55%	04-OTOLARYNG (52%)	19-ORAL SURGERY (23%)	85-MAXILLOFACIAL (7%)
42180-Repair palate	\$1,859	18	010	0%	0%	39%	04-OTOLARYNG (33%)	19-ORAL SURGERY (33%)	85-MAXILLOFACIAL (11%)
42280-Preparation, palate mold	\$10,757	115	010	0%	0%	87%	19-ORAL SURGERY (85%)	05-ANESTHESIA (7%)	04-OTOLARYNG (3%)
42700-Drainage of tonsil abscess	\$52,703	740	010	1%	1%	61%	04-OTOLARYNG (84%)	01,08-GP/FP (4%)	02-GNRL SURGERY (3%)
42800-Biopsy of throat	\$127,053	2,419	010	2%	0%	68%	04-OTOLARYNG (88%)	02-GNRL SURGERY (3%)	70-GROUP PRAC (3%)
42802-Biopsy of throat	\$22,757	368	010	0%	0%	30%	04-OTOLARYNG (88%)	02-GNRL SURGERY (4%)	24-PLASTIC SURG (2%)
42804-Biopsy of upper nose/throat	\$81,043	1,123	010	1%	0%	36%	04-OTOLARYNG (91%)	70-GROUP PRAC (2%)	49-ASC (2%)
42806-Biopsy of upper nose/throat	\$86,304	1,236	010	1%	0%	9%	04-OTOLARYNG (91%)	49-ASC (3%)	70-GROUP PRAC (2%)
42808-Excise pharynx lesion	\$90,962	590	010	1%	0%	30%	04-OTOLARYNG (81%)	49-ASC (4%)	19-ORAL SURGERY (4%)
42809-Remove pharynx foreign body	\$36,196	469	010	0%	0%	42%	04-OTOLARYNG (45%)	93-EMERGENCY MED (19%)	01,08-GP/FP (18%)
42810-Excision of neck cyst	\$19,804	86	090	0%	0%	29%	04-OTOLARYNG (50%)	02-GNRL SURGERY (23%)	01,08-GP/FP (8%)
42820-Remove tonsils and adenoids	\$4,101	24	090	0%	0%	4%	04-OTOLARYNG (79%)	11-INTERNAL MED (8%)	02-GNRL SURGERY (4%)
42821-Remove tonsils and adenoids	\$46,825	182	090	1%	0%	3%	04-OTOLARYNG (82%)	02-GNRL SURGERY (8%)	49-ASC (4%)
42825-Removal of tonsils	\$2,439	14	090	0%	0%	7%	04-OTOLARYNG (79%)	01,08-GP/FP (14%)	05-ANESTHESIA (7%)
42826-Removal of tonsils	\$320,091	1,361	090	4%	21%	3%	04-OTOLARYNG (87%)	49-ASC (6%)	70-GROUP PRAC (2%)
42830-Removal of adenoids	\$1,019	10	090	0%	0%	10%	04-OTOLARYNG (80%)	02-GNRL SURGERY (20%)	(.)
42831-Removal of adenoids	\$15,808	112	090	0%	0%	8%	04-OTOLARYNG (85%)	49-ASC (7%)	02-GNRL SURGERY (4%)
42835-Removal of adenoids	(.)	090	090	0%	1%	1%	(.)	(.)	(.)
42836-Removal of adenoids	\$1,767	13	090	0%	0%	23%	04-OTOLARYNG (92%)	02-GNRL SURGERY (8%)	(.)
42860-Excision of tonsil tags	\$17,058	114	090	0%	0%	41%	04-OTOLARYNG (86%)	49-ASC (7%)	02-GNRL SURGERY (3%)
42870-Excision of lingual tonsil	\$19,192	103	090	0%	0%	11%	04-OTOLARYNG (86%)	49-ASC (4%)	02-GNRL SURGERY (3%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)			
							First Specialty	Second Specialty	Third Specialty	
							1993 MC Allowed Charges	1993 MC Units of Service	Global Period	
42880-Excise nose/throat lesion	\$95,390	274	090	1%	.	8%	04-OTOLARYNG (81%)	49-ASC (6%)	01-08-GP/FP (3%)	
42900-Repair throat wound	\$10,626	46	010	0%	.	13%	04-OTOLARYNG (61%)	02-GNRL SURGERY (17%)	70-GROUP PRAC (9%)	
42955-Surgical opening of throat	\$14,910	76	090	0%	0%	5%	04-OTOLARYNG (50%)	02-GNRL SURGERY (34%)	33-THORACIC SURG (7%)	
42960-Control throat bleeding	\$12,589	135	010	0%	0%	47%	04-OTOLARYNG (54%)	19-ORAL SURGERY (23%)	01-08-GP/FP (7%)	
42970-Control nose/throat bleeding	\$29,881	264	090	0%	.	49%	01-08-GP/FP (46%)	04-OTOLARYNG (20%)	11-INTERNAL MED (13%)	
42972-Control nose/throat bleeding	\$7,000	23	090	0%	.	4%	04-OTOLARYNG (100%)	(.)	(.)	
932-Complex Oral and Pharyngeal Procedures										
Family Medicare Charges: \$8,332,236	Percent of CPEP Medicare Charges: 3%									
Family Private Payments: \$674,703	Percent of CPEP Private Payments: 2%									
40525-Reconstruct lip with flap	\$225,909	359	090	3%	.	13%	24-PLASTIC SURG (65%)	04-OTOLARYNG (28%)	02-GNRL SURGERY (8%)	
40527-Reconstruct lip with flap	\$90,198	138	090	1%	.	4%	04-OTOLARYNG (38%)	24-PLASTIC SURG (38%)	02-GNRL SURGERY (8%)	
40530-Partial removal of lip	\$98,612	352	090	1%	.	28%	24-PLASTIC SURG (34%)	04-OTOLARYNG (20%)	02-GNRL SURGERY (10%)	
40650-Repair lip	\$67,254	216	090	1%	.	31%	24-PLASTIC SURG (27%)	04-OTOLARYNG (17%)	93-EMERGENCY MED (11%)	
40652-Repair lip	\$58,954	169	090	1%	.	34%	24-PLASTIC SURG (50%)	04-OTOLARYNG (10%)	19-ORAL SURGERY (10%)	
40654-Repair lip	\$197,867	444	090	2%	4%	19%	24-PLASTIC SURG (52%)	04-OTOLARYNG (14%)	07-DERMATOLOGY (9%)	
40700-Repair cleft lip/nasal	\$6,469	285	090	0%	7%	97%	01-08-GP/FP (50%)	20-ORTHOPED SURG (15%)	11-INTERNAL MED (11%)	
40701-Repair cleft lip/nasal	\$4,775	4	090	0%	.	0%	24-PLASTIC SURG (50%)	04-OTOLARYNG (25%)	76-PER VASC DIS (25%)	
40702-Repair cleft lip/nasal	\$6,662	.	090	0%	.	.	(.)	(.)	(.)	
40761-Repair cleft lip/nasal	\$11,435	17	090	0%	7%	11%	24-PLASTIC SURG (67%)	04-OTOLARYNG (22%)	70-GROUP PRAC (11%)	
40816-Excision of mouth lesion	\$228,798	1,044	090	3%	1%	12%	24-PLASTIC SURG (76%)	04-OTOLARYNG (12%)	70-GROUP PRAC (12%)	
40840-Reconstruction of mouth	\$10,163	27	090	0%	2%	44%	19-ORAL SURGERY (51%)	04-OTOLARYNG (29%)	85-MAXILLOFACIAL (9%)	
40842-Reconstruction of mouth	\$4,573	11	090	0%	.	45%	85-MAXILLOFACIAL (30%)	24-PLASTIC SURG (26%)	19-ORAL SURGERY (19%)	
40843-Reconstruction of mouth	\$471	2	090	0%	.	50%	11-INTERNAL MED (50%)	49-ASC (50%)	04-OTOLARYNG (18%)	
40844-Reconstruction of mouth	\$5,849	10	090	0%	.	30%	19-ORAL SURGERY (30%)	49-ASC (30%)	(.)	
40845-Reconstruction of mouth	\$32,340	41	090	0%	.	15%	19-ORAL SURGERY (37%)	85-MAXILLOFACIAL (27%)	24-PLASTIC SURG (15%)	
41113-Excision of tongue lesion	\$184,484	898	090	2%	.	57%	19-ORAL SURGERY (46%)	04-OTOLARYNG (34%)	85-MAXILLOFACIAL (10%)	
41114-Excision of tongue lesion	\$65,411	178	090	1%	.	34%	04-OTOLARYNG (44%)	19-ORAL SURGERY (33%)	85-MAXILLOFACIAL (6%)	
41120-Partial removal of tongue	\$538,256	1,153	090	6%	.	4%	04-OTOLARYNG (72%)	02-GNRL SURGERY (10%)	19-ORAL SURGERY (7%)	
41130-Partial removal of tongue	\$209,845	441	090	3%	.	1%	04-OTOLARYNG (79%)	02-GNRL SURGERY (11%)	91-SURG ONCOLOGY (2%)	
41135-Tongue and neck surgery	\$385,348	463	090	5%	.	1%	04-OTOLARYNG (56%)	05-ANESTHESIA (26%)	02-GNRL SURGERY (9%)	
41140-Removal of tongue	\$39,854	46	090	0%	.	7%	04-OTOLARYNG (48%)	02-GNRL SURGERY (28%)	01-08-GP/FP (9%)	
41145-Tongue removal; neck surgery	\$119,026	86	090	0%	.	0%	04-OTOLARYNG (67%)	02-GNRL SURGERY (19%)	24-PLASTIC SURG (7%)	
41150-Tongue, mouth, jaw surgery	\$439,980	411	090	5%	.	1%	04-OTOLARYNG (68%)	02-GNRL SURGERY (10%)	19-ORAL SURGERY (6%)	
41153-Tongue, mouth, neck surgery	\$484,032	341	090	6%	.	1%	04-OTOLARYNG (77%)	02-GNRL SURGERY (9%)	19-ORAL SURGERY (4%)	
41155-Tongue, jaw, & neck surgery	\$1,896,765	1,076	090	23%	.	1%	04-OTOLARYNG (71%)	02-GNRL SURGERY (11%)	70-GROUP PRAC (4%)	
41500-Fixation of tongue	\$1,043	11	090	0%	.	18%	24-PLASTIC SURG (27%)	02-GNRL SURGERY (18%)	04-OTOLARYNG (18%)	
41828-Excision of gum lesion	\$24,996	158	010	0%	1%	69%	19-ORAL SURGERY (91%)	85-MAXILLOFACIAL (4%)	04-OTOLARYNG (3%)	
41830-Removal of gum tissue	\$6,215	39	010	0%	.	62%	19-ORAL SURGERY (62%)	85-MAXILLOFACIAL (33%)	04-OTOLARYNG (5%)	
41872-Repair gum	\$185	3	090	0%	.	0%	19-ORAL SURGERY (67%)	04-OTOLARYNG (33%)	(.)	
41874-Repair tooth socket	\$25,192	221	090	0%	1%	59%	19-ORAL SURGERY (78%)	85-MAXILLOFACIAL (18%)	04-OTOLARYNG (4%)	
42107-Excision lesion, mouth roof	\$100,839	279	090	1%	.	63%	19-ORAL SURGERY (59%)	04-OTOLARYNG (22%)	85-MAXILLOFACIAL (14%)	
42120-Remove palate/lesion	\$330,173	796	090	4%	9%	9%	04-OTOLARYNG (71%)	19-ORAL SURGERY (12%)	02-GNRL SURGERY (6%)	
42165-Repair,palate,pharynx/uvula	\$803,980	1,050	090	10%	36%	12%	04-OTOLARYNG (93%)	70-GROUP PRAC (2%)	49-ASC (2%)	
42182-Repair palate	\$4,282	27	010	0%	.	22%	19-ORAL SURGERY (37%)	04-OTOLARYNG (33%)	24-PLASTIC SURG (19%)	
42200-Reconstruct cleft palate	\$15,249	33	090	0%	10%	18%	04-OTOLARYNG (42%)	24-PLASTIC SURG (21%)	19-ORAL SURGERY (12%)	
42205-Reconstruct cleft palate	\$5,169	11	090	0%	.	9%	04-OTOLARYNG (45%)	85-MAXILLOFACIAL (27%)	70-GROUP PRAC (18%)	
42210-Reconstruct cleft palate	\$8,187	12	090	0%	10%	25%	19-ORAL SURGERY (42%)	85-MAXILLOFACIAL (25%)	02-GNRL SURGERY (17%)	
42215-Reconstruct cleft palate	\$7,778	12	090	0%	.	0%	19-ORAL SURGERY (25%)	49-ASC (25%)	24-PLASTIC SURG (17%)	
42220-Reconstruct cleft palate	\$894	3	090	0%	.	33%	24-PLASTIC SURG (67%)	19-ORAL SURGERY (33%)	(.)	

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDchs	Pct. of Family Privmfts	Pct. of Family Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
42225-Reconstruct cleft palate	\$5,276	12	090	0%	-	8%	04-OTOLARYNG (50%)	10-GASTROENTER (17%)	24-PLASTIC SURG (17%)
42226-Lengthening of palate	\$6,812	16	090	0%	-	13%	04-OTOLARYNG (38%)	19-ORAL SURGERY (19%)	24-PLASTIC SURG (19%)
42227-Lengthening of palate	\$1,499	4	090	0%	-	0%	04-OTOLARYNG (75%)	19-ORAL SURGERY (25%)	(.)
42235-Repair palate	\$14,516	43	090	0%	-	21%	10-GASTROENTER (33%)	02-GHRL SURGERY (12%)	04-OTOLARYNG (12%)
42240-Repair nose to lip fistula	\$3,619	18	090	0%	-	22%	24-PLASTIC SURG (33%)	19-ORAL SURGERY (28%)	04-OTOLARYNG (17%)
42281-Insertion, palate prosthesis	\$3,202	51	010	0%	-	16%	19-ORAL SURGERY (35%)	04-OTOLARYNG (33%)	70-GROUP PRAC (18%)
42720-Drainage of throat abscess	\$16,213	152	010	0%	-	30%	04-OTOLARYNG (71%)	19-ORAL SURGERY (14%)	01,08-GP/FP (3%)
42725-Drainage of throat abscess	\$37,761	109	090	0%	-	2%	04-OTOLARYNG (71%)	19-ORAL SURGERY (6%)	02-GHRL SURGERY (6%)
42815-Excision of neck cyst	\$125,609	258	090	2%	10%	5%	04-OTOLARYNG (71%)	02-GHRL SURGERY (15%)	24-PLASTIC SURG (3%)
42842-Extensive surgery of throat	\$100,764	244	090	1%	-	2%	04-OTOLARYNG (88%)	70-GROUP PRAC (5%)	02-GHRL SURGERY (3%)
42844-Extensive surgery of throat	\$57,892	114	090	1%	-	3%	04-OTOLARYNG (80%)	02-GHRL SURGERY (6%)	70-GROUP PRAC (5%)
42845-Extensive surgery of throat	\$66,954	83	090	1%	-	0%	04-OTOLARYNG (80%)	02-GHRL SURGERY (6%)	02-GHRL SURGERY (6%)
42890-Partial removal of pharynx	\$161,678	337	090	2%	-	1%	04-OTOLARYNG (86%)	02-GHRL SURGERY (6%)	01,08-GP/FP (1%)
42892-Revision of pharyngeal walls	\$85,309	178	090	1%	-	3%	04-OTOLARYNG (83%)	02-GHRL SURGERY (9%)	70-GROUP PRAC (3%)
42894-Revision of pharyngeal walls	\$124,296	164	090	1%	-	1%	04-OTOLARYNG (87%)	02-GHRL SURGERY (7%)	24-PLASTIC SURG (2%)
42950-Reconstruction of throat	\$58,196	145	090	1%	-	6%	04-OTOLARYNG (87%)	02-GHRL SURGERY (8%)	24-PLASTIC SURG (6%)
42953-Repair throat, esophagus	\$36,907	121	090	0%	-	2%	04-OTOLARYNG (60%)	24-PLASTIC SURG (27%)	02-GHRL SURGERY (9%)
42961-Control throat bleeding	\$9,141	41	090	0%	-	5%	04-OTOLARYNG (76%)	19-ORAL SURGERY (20%)	01,08-GP/FP (2%)
42962-Control throat bleeding	\$24,211	82	090	0%	2%	16%	04-OTOLARYNG (72%)	19-ORAL SURGERY (15%)	24-PLASTIC SURG (6%)
42971-Control nose/throat bleeding	\$13,758	61	090	0%	-	7%	04-OTOLARYNG (62%)	02-GHRL SURGERY (16%)	01,08-GP/FP (5%)
43020-Incision of esophagus	\$12,618	41	090	0%	-	12%	04-OTOLARYNG (27%)	01,08-GP/FP (22%)	02-GHRL SURGERY (17%)
43030-Throat muscle surgery	\$619,493	1,377	090	7%	-	2%	04-OTOLARYNG (70%)	02-GHRL SURGERY (13%)	33-THORACIC SURG (9%)

Percent of CPEP Medicare Charges: 4%
 Percent of CPEP Private Payments: 2%

936-Salivary Gland and Duct Procedures

Family Medicare Charges: \$10,216,606
 Family Private Payments: \$730,217

42300-Drainage of salivary gland	\$23,086	269	010	0%	-	64%	04-OTOLARYNG (57%)	02-GHRL SURGERY (11%)	19-ORAL SURGERY (11%)
42305-Drainage of salivary gland	\$43,441	195	090	0%	-	16%	04-OTOLARYNG (67%)	02-GHRL SURGERY (17%)	19-ORAL SURGERY (5%)
42310-Drainage of salivary gland	\$13,338	174	010	0%	-	68%	04-OTOLARYNG (59%)	19-ORAL SURGERY (20%)	85-MAXILLOFACIAL (5%)
42320-Drainage of salivary gland	\$9,388	85	010	0%	-	34%	04-OTOLARYNG (47%)	19-ORAL SURGERY (16%)	02-GHRL SURGERY (15%)
42325-Create salivary cyst drain	\$11,955	133	090	0%	-	87%	10-GASTROENTER (77%)	19-ORAL SURGERY (8%)	04-OTOLARYNG (5%)
42326-Create salivary cyst drain	\$679	4	090	0%	-	75%	19-ORAL SURGERY (75%)	04-OTOLARYNG (25%)	(.)
42330-Removal of salivary stone	\$154,183	1,651	010	2%	1%	87%	04-OTOLARYNG (66%)	19-ORAL SURGERY (19%)	85-MAXILLOFACIAL (5%)
42335-Removal of salivary stone	\$104,872	570	090	1%	1%	61%	04-OTOLARYNG (59%)	19-ORAL SURGERY (27%)	85-MAXILLOFACIAL (7%)
42340-Removal of salivary stone	\$36,704	135	090	0%	-	69%	04-OTOLARYNG (59%)	19-ORAL SURGERY (21%)	02-GHRL SURGERY (5%)
42405-Biopsy of salivary gland	\$113,624	1,391	010	1%	1%	69%	83-HEMATOL/ONCOL (30%)	04-OTOLARYNG (29%)	90-MED ONCOLOGY (8%)
42408-Excision of salivary cyst	\$41,620	178	090	0%	-	56%	04-OTOLARYNG (44%)	19-ORAL SURGERY (25%)	02-GHRL SURGERY (14%)
42409-Drainage of salivary cyst	\$9,670	55	090	0%	-	69%	04-OTOLARYNG (64%)	19-ORAL SURGERY (27%)	85-MAXILLOFACIAL (5%)
42410-Excise parotid gland/lesion	\$629,975	1,483	090	6%	6%	5%	04-OTOLARYNG (44%)	02-GHRL SURGERY (34%)	24-PLASTIC SURG (7%)
42415-Excise parotid gland/lesion	\$3,933,978	5,285	090	39%	44%	1%	04-OTOLARYNG (66%)	02-GHRL SURGERY (18%)	24-PLASTIC SURG (7%)
42420-Excise parotid gland/lesion	\$2,206,263	2,526	090	22%	22%	2%	04-OTOLARYNG (75%)	02-GHRL SURGERY (12%)	24-PLASTIC SURG (5%)
42425-Excise parotid gland/lesion	\$129,371	246	090	1%	-	0%	04-OTOLARYNG (68%)	02-GHRL SURGERY (13%)	24-PLASTIC SURG (10%)
42426-Excise parotid gland/lesion	\$660,132	485	090	6%	6%	1%	04-OTOLARYNG (67%)	02-GHRL SURGERY (14%)	24-PLASTIC SURG (8%)
42440-Excision submaxillary gland	\$1,856,431	4,036	090	18%	24%	2%	04-OTOLARYNG (70%)	02-GHRL SURGERY (15%)	49-ASC (2%)
42450-Excision sublingual gland	\$39,762	163	090	0%	-	23%	04-OTOLARYNG (44%)	19-ORAL SURGERY (18%)	02-GHRL SURGERY (10%)
42500-Repair salivary duct	\$59,278	211	090	1%	-	36%	04-OTOLARYNG (45%)	19-ORAL SURGERY (26%)	85-MAXILLOFACIAL (9%)
42505-Repair salivary duct	\$39,227	106	090	0%	-	14%	04-OTOLARYNG (60%)	19-ORAL SURGERY (18%)	24-PLASTIC SURG (8%)
42507-Parotid duct diversion	\$4,703	17	090	0%	-	12%	04-OTOLARYNG (47%)	24-PLASTIC SURG (24%)	85-MAXILLOFACIAL (12%)
42508-Parotid duct diversion	\$1,269	3	090	0%	-	0%	02-GHRL SURGERY (33%)	04-OTOLARYNG (33%)	24-PLASTIC SURG (33%)
42510-Parotid duct diversion	\$2,295	76	090	0%	-	93%	01,08-GP/FP (80%)	11-INTERNAL MED (8%)	04-OTOLARYNG (7%)

Procedure	1993 HC Allowed Charges	1993 HC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. Vol. in OFFICE	Specialty		
							First Specialty	Second Specialty	Third Specialty

42600-Closure of salivary fistula	\$5,216	25	090	0%	0%	32%	04-OTOLARYNG (80%)	19-ORAL SURGERY (12%)	70-GROUP PRAC (3%)	
42650-Dilation of salivary duct	\$64,504	1,792	000	1%	1%	93%	04-OTOLARYNG (74%)	19-ORAL SURGERY (16%)	02-GNRL SURGERY (11%)	
42660-Dilation of salivary duct	\$20,588	421	000	0%	0%	66%	04-OTOLARYNG (48%)	30-RADIOLOGY (21%)	85-MAXILLOFACIAL (3%)	
42665-Ligation of salivary duct	\$1,054	9	090	0%	0%	44%	04-OTOLARYNG (67%)	19-ORAL SURGERY (11%)	19-ORAL SURGERY (21%)	
940-Laryngeal and Tracheal Procedures										
Family Medicare Charges: \$17,189,389				7%						
Family Private Payments: \$260,122				1%						
31300-Removal of larynx lesion	\$121,113	179	090	1%	0%	2%	04-OTOLARYNG (87%)	02-GNRL SURGERY (4%)	02-GNRL SURGERY (3%)	
31320-Diagnostic incision larynx	\$4,379	18	090	0%	0%	17%	04-OTOLARYNG (56%)	70-GROUP PRAC (17%)	02-GNRL SURGERY (11%)	
31360-Removal of larynx	\$1,601,133	1,678	090	9%	20%	1%	04-OTOLARYNG (86%)	02-GNRL SURGERY (6%)	70-GROUP PRAC (2%)	
31365-Removal of larynx	\$1,684,562	1,211	090	10%	0%	1%	04-OTOLARYNG (82%)	02-GNRL SURGERY (9%)	70-GROUP PRAC (4%)	
31367-Partial removal of larynx	\$122,421	128	090	1%	0%	0%	04-OTOLARYNG (86%)	02-GNRL SURGERY (5%)	70-GROUP PRAC (5%)	
31368-Partial removal of larynx	\$242,893	170	090	1%	0%	0%	04-OTOLARYNG (84%)	02-GNRL SURGERY (8%)	24-PLASTIC SURG (2%)	
31370-Partial removal of larynx	\$127,780	167	090	1%	0%	1%	04-OTOLARYNG (87%)	70-GROUP PRAC (4%)	02-GNRL SURGERY (3%)	
31375-Partial removal of larynx	\$85,560	102	090	0%	0%	13%	04-OTOLARYNG (88%)	02-GNRL SURGERY (7%)	01,08-GP/FP (3%)	
31380-Partial removal of larynx	\$75,561	81	090	0%	0%	4%	04-OTOLARYNG (91%)	01,08-GP/FP (5%)	02-GNRL SURGERY (1%)	
31382-Partial removal of larynx	\$109,492	115	090	1%	0%	3%	04-OTOLARYNG (83%)	02-GNRL SURGERY (6%)	70-GROUP PRAC (4%)	
31390-Removal of larynx & pharynx	\$260,292	141	090	2%	0%	3%	04-OTOLARYNG (74%)	02-GNRL SURGERY (13%)	70-GROUP PRAC (5%)	
31395-Reconstruct larynx & pharynx	\$235,268	133	090	1%	0%	1%	04-OTOLARYNG (77%)	02-GNRL SURGERY (9%)	01,08-GP/FP (3%)	
31400-Revision of larynx	\$44,794	69	090	0%	0%	9%	04-OTOLARYNG (84%)	70-GROUP PRAC (4%)	02-GNRL SURGERY (3%)	
31420-Removal of epiglottis	\$18,616	50	090	0%	0%	2%	04-OTOLARYNG (74%)	05-ANESTHESIA (16%)	02-GNRL SURGERY (1%)	
31580-Revision of larynx	\$54,757	71	090	0%	0%	10%	04-OTOLARYNG (77%)	34-UROLOGY (6%)	02-GNRL SURGERY (4%)	
31582-Revision of larynx	\$82,964	74	090	0%	0%	0%	04-OTOLARYNG (85%)	01,08-GP/FP (11%)	02-GNRL SURGERY (1%)	
31584-Repair of larynx fracture	\$23,506	24	090	0%	0%	0%	04-OTOLARYNG (92%)	70-GROUP PRAC (4%)	78-CARDIAC SURG (6%)	
31585-Repair of larynx fracture	\$280	3	090	0%	0%	100%	04-OTOLARYNG (100%)	(.)	(.)	
31586-Repair of larynx fracture	\$1,610	4	090	0%	0%	0%	04-OTOLARYNG (75%)	20-ORTHOPEDE SURG (25%)	(.)	
31587-Revision of larynx	\$23,846	61	090	0%	0%	3%	04-OTOLARYNG (80%)	46-ENDOCRINOLOGY (7%)	70-GROUP PRAC (5%)	
31588-Revision of larynx	\$447,395	463	090	3%	0%	1%	04-OTOLARYNG (92%)	70-GROUP PRAC (5%)	69-ASC (2%)	
31590-Reinervate larynx	\$2,028	6	090	0%	0%	17%	04-OTOLARYNG (50%)	01,08-GP/FP (17%)	02-GNRL SURGERY (17%)	
31595-Larynx nerve surgery	\$9,185	34	090	0%	0%	44%	04-OTOLARYNG (62%)	01,08-GP/FP (21%)	70-GROUP PRAC (18%)	
31600-Incision of windpipe	\$9,133,889	33,709	000	53%	72%	1%	04-OTOLARYNG (37%)	04-OTOLARYNG (35%)	33-THORACIC SURG (13%)	
31601-Incision of windpipe	\$12,251	42	000	0%	0%	0%	04-OTOLARYNG (76%)	02-GNRL SURGERY (12%)	33-THORACIC SURG (5%)	
31603-Incision of windpipe	\$1,020,412	3,391	000	6%	8%	0%	04-OTOLARYNG (38%)	02-GNRL SURGERY (34%)	33-THORACIC SURG (11%)	
31605-Incision of windpipe	\$132,569	501	000	1%	0%	3%	02-GNRL SURGERY (24%)	93-EMERGENCY MED (19%)	04-OTOLARYNG (14%)	
31610-Incision of windpipe	\$494,956	1,020	090	3%	0%	1%	04-OTOLARYNG (61%)	02-GNRL SURGERY (21%)	33-THORACIC SURG (4%)	
31611-Surgery/speech prosthesis	\$335,885	830	090	2%	0%	10%	04-OTOLARYNG (87%)	70-GROUP PRAC (5%)	49-ASC (2%)	
31613-Repair windpipe opening	\$196,676	1,039	090	1%	0%	16%	04-OTOLARYNG (60%)	02-GNRL SURGERY (16%)	33-THORACIC SURG (7%)	
31614-Repair windpipe opening	\$182,796	432	090	1%	0%	4%	04-OTOLARYNG (83%)	02-GNRL SURGERY (4%)	24-PLASTIC SURG (3%)	
31750-Repair of windpipe	\$92,909	172	090	1%	0%	5%	04-OTOLARYNG (77%)	33-THORACIC SURG (7%)	02-GNRL SURGERY (3%)	
31755-Repair of windpipe	\$54,398	73	090	0%	0%	10%	04-OTOLARYNG (86%)	29-PULMONARY DIS (8%)	49-ASC (4%)	
31820-Closure of windpipe lesion	\$63,006	255	090	0%	0%	19%	04-OTOLARYNG (62%)	02-GNRL SURGERY (16%)	33-THORACIC SURG (7%)	
31825-Repair of windpipe defect	\$68,625	187	090	0%	0%	6%	04-OTOLARYNG (77%)	24-PLASTIC SURG (6%)	02-GNRL SURGERY (4%)	
31830-Revise windpipe scar	\$21,782	93	090	0%	0%	17%	04-OTOLARYNG (69%)	02-GNRL SURGERY (14%)	49-ASC (5%)	

944-Endoscopy of Upper Airway
 Family Medicare Charges: \$60,326,275
 Family Private Payments: \$5,190,098

31231-Nasal endoscopy, dx
 31233-Nasal/sinus endoscopy, dx

Percent of CPEP Medicare Charges: 24%
 Percent of CPEP Private Payments: 15%

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
31235-Nasal/sinus endoscopy, dx	-	-	000	-	-	-	(.)	(.)	(.)
31237-Nasal/sinus endoscopy, surg	-	-	000	-	-	-	(.)	(.)	(.)
31238-Nasal/sinus endoscopy, surg	-	-	000	-	-	-	(.)	(.)	(.)
31239-Nasal/sinus endoscopy, surg	-	-	010	-	-	-	(.)	(.)	(.)
31240-Nasal/sinus endoscopy, surg	-	-	000	-	-	-	(.)	(.)	(.)
31254-Revision of ethmoid sinus	\$2,315,204	4,439	000	4%	10%	3%	04-OTOLARYNG (89%)	49-ASC (6%)	70-GROUP PRAC (2%)
31255-Removal of ethmoid sinus	\$9,874,768	11,143	000	16%	28%	2%	04-OTOLARYNG (90%)	49-ASC (6%)	70-GROUP PRAC (2%)
31256-Exploration maxillary sinus	\$3,249,727	10,813	000	5%	11%	2%	04-OTOLARYNG (90%)	49-ASC (6%)	70-GROUP PRAC (2%)
31267-Endoscopy, maxillary sinus	\$1,251,896	3,262	000	2%	5%	2%	04-OTOLARYNG (92%)	49-ASC (4%)	24-PLASTIC SURG (1%)
31276-Sinus surgical endoscopy	-	-	000	-	-	-	(.)	(.)	(.)
31287-Nasal/sinus endoscopy, surg	-	-	000	-	-	-	(.)	(.)	(.)
31288-Nasal/sinus endoscopy, surg	-	-	000	-	-	-	(.)	(.)	(.)
31290-Nasal/sinus endoscopy, surg	-	-	010	-	-	-	(.)	(.)	(.)
31291-Nasal/sinus endoscopy, surg	-	-	010	-	-	-	(.)	(.)	(.)
31292-Nasal/sinus endoscopy, surg	-	-	010	-	-	-	(.)	(.)	(.)
31293-Nasal/sinus endoscopy, surg	-	-	010	-	-	-	(.)	(.)	(.)
31294-Nasal/sinus endoscopy, surg	-	-	010	-	-	-	(.)	(.)	(.)
31502-Change of windpipe airway	\$312,890	7,475	000	1%	22%	04-OTOLARYNG (39%)	29-PULMONARY DIS (28%)	02-GHRL SURGERY (8%)	11-INTERNAL MED (5%)
31505-Diagnostic laryngoscopy	\$1,309,411	36,357	000	2%	90%	04-OTOLARYNG (73%)	01-08-GP/FP (9%)	11-INTERNAL MED (5%)	02-GHRL SURGERY (9%)
31510-Laryngoscopy with biopsy	\$34,121	278	000	0%	27%	04-OTOLARYNG (45%)	49-ASC (16%)	02-GHRL SURGERY (9%)	01-08-GP/FP (18%)
31511-Remove foreign body, larynx	\$33,523	363	000	0%	8%	04-OTOLARYNG (32%)	93-EMERGENCY MED (24%)	05-ANESTHESIA (17%)	01-08-GP/FP (18%)
31512-Removal of larynx lesion	\$12,978	72	000	0%	8%	04-OTOLARYNG (44%)	49-ASC (29%)	05-ANESTHESIA (17%)	01-08-GP/FP (18%)
31513-Injection into vocal cord	\$29,753	133	000	0%	40%	04-OTOLARYNG (91%)	70-GROUP PRAC (4%)	11-INTERNAL MED (2%)	05-ANESTHESIA (17%)
31515-Laryngoscopy for aspiration	\$214,730	2,524	000	0%	27%	04-OTOLARYNG (34%)	29-PULMONARY DIS (10%)	93-EMERGENCY MED (9%)	11-INTERNAL MED (2%)
31520-Diagnostic laryngoscopy	\$15,174	135	000	0%	41%	04-OTOLARYNG (73%)	03-ALLERGY/IMMUN (7%)	70-GROUP PRAC (6%)	93-EMERGENCY MED (9%)
31523-Diagnostic laryngoscopy	\$3,180,654	20,545	000	5%	53%	04-OTOLARYNG (83%)	02-GHRL SURGERY (4%)	29-PULMONARY DIS (3%)	70-GROUP PRAC (6%)
31526-Diagnostic laryngoscopy	\$431,362	1,924	000	1%	23%	04-OTOLARYNG (91%)	49-ASC (4%)	29-PULMONARY DIS (3%)	70-GROUP PRAC (2%)
31527-Laryngoscopy for treatment	\$8,433	44	000	0%	2%	04-OTOLARYNG (66%)	05-ANESTHESIA (9%)	70-GROUP PRAC (2%)	02-GHRL SURGERY (5%)
31528-Laryngoscopy and dilatation	\$24,526	146	000	0%	8%	04-OTOLARYNG (71%)	02-GHRL SURGERY (7%)	29-PULMONARY DIS (5%)	05-ANESTHESIA (9%)
31529-Laryngoscopy and dilatation	\$7,620	54	000	0%	24%	04-OTOLARYNG (59%)	02-GHRL SURGERY (22%)	70-GROUP PRAC (11%)	02-GHRL SURGERY (5%)
31530-Operative laryngoscopy	\$183,245	686	000	0%	0%	04-OTOLARYNG (52%)	92-RAD ONCOLOGY (19%)	70-GROUP PRAC (11%)	02-GHRL SURGERY (7%)
31531-Operative laryngoscopy	\$64,479	190	000	0%	5%	04-OTOLARYNG (86%)	49-ASC (8%)	93-EMERGENCY MED (9%)	02-GHRL SURGERY (5%)
31535-Operative laryngoscopy	\$2,410,512	9,849	000	4%	2%	04-OTOLARYNG (86%)	49-ASC (8%)	24-PLASTIC SURG (2%)	93-EMERGENCY MED (9%)
31536-Operative laryngoscopy	\$2,946,601	8,336	000	5%	3%	04-OTOLARYNG (89%)	49-ASC (4%)	02-GHRL SURGERY (3%)	24-PLASTIC SURG (2%)
31540-Operative laryngoscopy	\$809,457	2,167	000	1%	3%	04-OTOLARYNG (87%)	49-ASC (6%)	70-GROUP PRAC (2%)	02-GHRL SURGERY (3%)
31541-Operative laryngoscopy	\$4,906,693	11,349	000	8%	3%	04-OTOLARYNG (91%)	49-ASC (7%)	02-GHRL SURGERY (2%)	02-GHRL SURGERY (2%)
31560-Operative laryngoscopy	\$18,834	43	000	0%	9%	04-OTOLARYNG (72%)	49-ASC (4%)	70-GROUP PRAC (2%)	02-GHRL SURGERY (2%)
31561-Operative laryngoscopy	\$132,520	206	000	0%	5%	04-OTOLARYNG (87%)	93-EMERGENCY MED (12%)	11-INTERNAL MED (7%)	70-GROUP PRAC (2%)
31570-Laryngoscopy with injection	\$399,241	1,155	000	1%	0%	04-OTOLARYNG (87%)	70-GROUP PRAC (7%)	01-08-GP/FP (1%)	01-08-GP/FP (1%)
31571-Laryngoscopy with injection	\$199,921	515	000	0%	47%	04-OTOLARYNG (84%)	13-NEUROLOGY (10%)	70-GROUP PRAC (1%)	70-GROUP PRAC (1%)
31575-Diagnostic laryngoscopy	\$22,128,978	205,208	000	37%	0%	04-OTOLARYNG (91%)	49-ASC (3%)	70-GROUP PRAC (3%)	70-GROUP PRAC (3%)
31576-Laryngoscopy with biopsy	\$82,032	461	000	0%	17%	04-OTOLARYNG (86%)	01-08-GP/FP (2%)	29-PULMONARY DIS (2%)	01-08-GP/FP (2%)
31577-Remove foreign body, larynx	\$32,190	109	000	0%	0%	04-OTOLARYNG (67%)	02-GHRL SURGERY (11%)	70-GROUP PRAC (5%)	70-GROUP PRAC (5%)
31578-Removal of larynx lesion	\$29,550	109	000	0%	48%	04-OTOLARYNG (71%)	93-EMERGENCY MED (6%)	01-08-GP/FP (6%)	01-08-GP/FP (6%)
31579-Diagnostic laryngoscopy	\$761,196	4,230	000	1%	36%	04-OTOLARYNG (78%)	49-ASC (9%)	11-INTERNAL MED (6%)	49-ASC (9%)
31700-Instill airway contrast dye	\$2,129	32	000	0%	89%	30-RADIOLOGY (56%)	01-08-GP/FP (3%)	13-NEUROLOGY (3%)	01-08-GP/FP (3%)
92511-Masopharyngoscopy	\$2,912,127	46,733	000	5%	3%	04-OTOLARYNG (87%)	01-08-GP/FP (2%)	70-GROUP PRAC (19%)	70-GROUP PRAC (19%)

948-Other EMT Procedures
 Family Medicare Charges: \$5,168,977
 Family Private Payments: \$173,115
 Percent of CPEP Medicare Charges: 2%
 Percent of CPEP Private Payments: 0%

Procedure First Specialty Second Specialty Third Specialty

38700-Removal of lymph nodes, neck	1,051	090	10%	1%	04-OTOLARYNG (65%)	02-GNRL SURGERY (15%)	02-PLASTIC SURG (7%)
38720-Removal of lymph nodes, neck	2,291,379	090	44%	52%	04-OTOLARYNG (71%)	02-GNRL SURGERY (14%)	24-PLASTIC SURG (4%)
38724-Removal of lymph nodes, neck	2,355,896	090	46%	48%	04-OTOLARYNG (68%)	02-GNRL SURGERY (16%)	24-PLASTIC SURG (5%)
60000-Drain thyroid/tongue cyst	5,663	090	0%	61%	02-GNRL SURGERY (41%)	11-INTERNAL MED (19%)	01,08-GP/FP (11%)
60605-Remove carotid body lesion	18,374	38	0%	24%	02-GNRL SURGERY (29%)	01,08-GP/FP (24%)	04-OTOLARYNG (16%)
60020-Prepare face/oral prosthesis	.	010	.	.	(.)	(.)	(.)
60021-Prepare orbital prosthesis	.	090	.	.	(.)	(.)	(.)

952-Otorhinolaryngologic Function Tests

Family Medicare Charges: \$8,238,182
Family Private Payments: \$348,960

Percent of CPEP Medicare Charges: 3%
Percent of CPEP Private Payments: 1%

92512-Nasal function studies	1,668	XXX	1%	9%	04-OTOLARYNG (67%)	03-ALLERGY/IMMUN (24%)	01,08-GP/FP (4%)
92516-Facial nerve function test	34,853	XXX	1%	73%	04-OTOLARYNG (86%)	70-GROUP PRAC (22%)	13-NEUROLOGY (6%)
92520-Laryngeal function studies	64,235	XXX	1%	87%	04-OTOLARYNG (88%)	13-NEUROLOGY (6%)	01,08-GP/FP (3%)
92541-Spontaneous nystagmus test	1,772,439	XXX	22%	87%	04-OTOLARYNG (71%)	64-AUDIOLOGISTS (12%)	13-NEUROLOGY (11%)
92542-Positional nystagmus test	1,500,359	XXX	18%	90%	04-OTOLARYNG (73%)	64-AUDIOLOGISTS (13%)	13-NEUROLOGY (9%)
92543-Caloric vestibular test	2,278,312	XXX	28%	89%	04-OTOLARYNG (73%)	64-AUDIOLOGISTS (12%)	13-NEUROLOGY (9%)
92544-Optokinetic nystagmus test	876,436	XXX	11%	9%	04-OTOLARYNG (70%)	64-AUDIOLOGISTS (13%)	13-NEUROLOGY (11%)
92545-Oscillating tracking test	795,042	XXX	10%	88%	04-OTOLARYNG (73%)	64-AUDIOLOGISTS (13%)	13-NEUROLOGY (9%)
92546-Torsion swing recording	164,673	XXX	2%	75%	04-OTOLARYNG (55%)	13-NEUROLOGY (19%)	64-AUDIOLOGISTS (12%)
92547-Supplemental electrical test	324,263	XXX	4%	5%	04-OTOLARYNG (79%)	64-AUDIOLOGISTS (10%)	13-NEUROLOGY (7%)
92584-Electrocochleography	369,930	XXX	4%	100%	04-OTOLARYNG (77%)	64-AUDIOLOGISTS (18%)	03-ALLERGY/IMMUN (2%)
92587-Evoked auditory test	.	XXX	.	.	(.)	(.)	(.)
92588-Evoked auditory test	.	XXX	.	.	(.)	(.)	(.)

956-Speech Therapy

Family Medicare Charges: \$1,499,332
Family Private Payments: \$212,780

Percent of CPEP Medicare Charges: 1%
Percent of CPEP Private Payments: 1%

92506-Speech & hearing evaluation	18,483	XXX	46%	35%	04-OTOLARYNG (67%)	11-INTERNAL MED (12%)	13-NEUROLOGY (12%)
92507-Speech/hearing therapy	31,211	XXX	53%	63%	04-OTOLARYNG (33%)	25-PHYSICL-REHAB (16%)	13-NEUROLOGY (11%)
92508-Speech/hearing therapy	21,586	XXX	1%	2%	01,08-GP/FP (48%)	64-AUDIOLOGISTS (32%)	13-NEUROLOGY (11%)

960-Simple Audiometry

Family Medicare Charges: \$46,587,986
Family Private Payments: \$2,101,025

Percent of CPEP Medicare Charges: 18%
Percent of CPEP Private Payments: 6%

92552-Pure tone audiometry, air	128,013	XXX	4%	9%	04-OTOLARYNG (63%)	01,08-GP/FP (15%)	11-INTERNAL MED (12%)
92553-Audiometry, air & bone	3,690,976	161,280	8%	10%	04-OTOLARYNG (79%)	64-AUDIOLOGISTS (14%)	01,08-GP/FP (2%)
92555-Speech threshold audiometry	271,347	20,853	1%	2%	04-OTOLARYNG (70%)	64-AUDIOLOGISTS (23%)	24-PLASTIC SURG (3%)
92556-Speech audiometry, complete	2,224,716	108,492	5%	5%	04-OTOLARYNG (76%)	64-AUDIOLOGISTS (20%)	70-GROUP PRAC (2%)
92557-Comprehensive hearing test	24,570,722	599,919	53%	37%	04-OTOLARYNG (77%)	64-AUDIOLOGISTS (19%)	70-GROUP PRAC (1%)
92561-Bekesy audiometry, diagnosis	335,144	1,364	0%	0%	11-INTERNAL MED (42%)	04-OTOLARYNG (32%)	01,08-GP/FP (17%)
92562-Loudness balance test	43,273	2,971	0%	0%	64-AUDIOLOGISTS (58%)	04-OTOLARYNG (30%)	70-GROUP PRAC (7%)
92563-Tone decay hearing test	516,734	32,995	1%	0%	64-AUDIOLOGISTS (56%)	04-OTOLARYNG (42%)	70-GROUP PRAC (1%)
92564-SISI hearing test	78,024	4,308	0%	0%	64-AUDIOLOGISTS (57%)	04-OTOLARYNG (39%)	01,08-GP/FP (2%)
92565-Stenger test, pure tone	548	548	0%	0%	64-AUDIOLOGISTS (43%)	11-INTERNAL MED (21%)	11-INTERNAL MED (11%)
92567-Tympanometry	504,639	504,639	21%	31%	04-OTOLARYNG (70%)	64-AUDIOLOGISTS (18%)	01,08-GP/FP (7%)
92568-Acoustic reflex testing	2,691,027	194,213	6%	4%	04-OTOLARYNG (63%)	64-AUDIOLOGISTS (32%)	01,08-GP/FP (2%)
92569-Acoustic reflex decay test	824,312	54,506	2%	1%	04-OTOLARYNG (60%)	64-AUDIOLOGISTS (37%)	01,08-GP/FP (1%)
92571-Filtered speech hearing test	17,972	1,019	0%	0%	04-OTOLARYNG (56%)	64-AUDIOLOGISTS (40%)	70-GROUP PRAC (4%)

1993 MC Allowed Charges
 1993 MC Units of Service
 Global Period
 Pct. of Family AllChgs
 Pct. of Family PrivPmts
 Vol. in OFFICE

First Specialty
 Second Specialty
 Third Specialty

Procedure

92572-Staggered spondaic word test	103	XXX	0%	0%	99%	04-OTOLARYNG (59%)	64-AUDIOTOLOGISTS (28%)	01-08-GP/FP (9%)
92573-Lombard test	180	XXX	0%	0%	4%	64-AUDIOTOLOGISTS (97%)	04-OTOLARYNG (2%)	11-INTERNAL MED (1%)
92574-Swining story test	2	XXX	0%	0%	100%	04-OTOLARYNG (50%)	64-AUDIOTOLOGISTS (50%)	(.)
92575-Sensorineural acuity test	730	XXX	0%	0%	87%	64-AUDIOTOLOGISTS (45%)	13-NEUROLOGY (25%)	04-OTOLARYNG (18%)
92576-Synthetic sentence test	294	XXX	0%	0%	96%	04-OTOLARYNG (81%)	64-AUDIOTOLOGISTS (12%)	24-PLASTIC SURG (3%)
92577-Stenger test, speech	563	XXX	0%	0%	98%	64-AUDIOTOLOGISTS (68%)	04-OTOLARYNG (28%)	01-08-GP/FP (1%)
92578-Delayed auditory feedback	14	XXX	0%	0%	100%	04-OTOLARYNG (50%)	64-AUDIOTOLOGISTS (36%)	11-INTERNAL MED (7%)
92580-Electrodermal audiometry	400	XXX	0%	0%	100%	64-AUDIOTOLOGISTS (55%)	01-08-GP/FP (32%)	04-OTOLARYNG (7%)
92582-Conditioning play audiometry	708	XXX	0%	1%	97%	04-OTOLARYNG (62%)	64-AUDIOTOLOGISTS (30%)	70-GROUP PRAC (3%)
92583-Select picture audiometry	72	XXX	0%	0%	97%	04-OTOLARYNG (60%)	64-AUDIOTOLOGISTS (18%)	26-PSYCHIATRY (10%)
92589-Auditory function test(s)	2,193	XXX	0%	0%	97%	04-OTOLARYNG (57%)	64-AUDIOTOLOGISTS (32%)	01-08-GP/FP (3%)
92596-Ear protector evaluation	27	XXX	0%	0%	96%	04-OTOLARYNG (67%)	64-AUDIOTOLOGISTS (26%)	18-OPHTHALMOLOGY (4%)

CPEP 10 - MISCELLANEOUS INTERNAL MEDICINE

Procedure	1993 MC Allowed Charges	1993 MC Service Period	Global Period	AllDigs	Privmts	Family Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
1000-Introduction of Needle and Catheter									
Family Medicare Charges: \$32,278,535				3%					
Family Private Payments: \$3,429,694				16%					
Percent of CPEP Medicare Charges: 3%									
Percent of CPEP Private Payments: 16%									
36000-Place needle in vein	\$17,741,307	526,944	XXX	55%	10%	54%	83-HEMATOL/ONCOL (18%)	30-RADIOLOGY (15%)	11-INTERNAL MED (13%)
36400-Drawing blood	\$20,194	2,151	XXX	0%	1%	58%	01,08-GP/FP (47%)	93-EMERGENCY MED (20%)	11-INTERNAL MED (10%)
36405-Drawing blood	\$58,413	2,301	XXX	0%	0%	81%	83-HEMATOL/ONCOL (54%)	01,08-GP/FP (16%)	11-INTERNAL MED (10%)
36406-Drawing blood	\$65,889	5,585	XXX	0%	0%	79%	83-HEMATOL/ONCOL (33%)	01,08-GP/FP (21%)	11-INTERNAL MED (10%)
36410-Drawing blood	\$6,154,308	313,101	XXX	19%	2%	65%	11-INTERNAL MED (28%)	01,08-GP/FP (25%)	70-GROUP PRAC (6%)
36420-Establish access to vein	\$4,573	148	XXX	0%	0%	67%	01,08-GP/FP (39%)	11-INTERNAL MED (26%)	06-CARDIOLOGY (7%)
36425-Establish access to vein	\$532,444	23,914	XXX	2%	0%	40%	01,08-GP/FP (30%)	11-INTERNAL MED (16%)	22-PATHOLOGY (16%)
36510-Insertion of catheter, vein	\$1,401	47	000	0%	1%	55%	01,08-GP/FP (19%)	11-INTERNAL MED (19%)	30-RADIOLOGY (15%)
36600-Withdrawal of arterial blood	\$4,400,808	226,681	XXX	14%	3%	38%	29-PULMONARY DIS (33%)	01,08-GP/FP (16%)	11-INTERNAL MED (15%)
36660-Insertion catheter, artery	\$4,235	194	000	0%	2%	19%	05-ANESTHESIA (55%)	70-GROUP PRAC (17%)	11-INTERNAL MED (14%)
90782-Injection (SC)/(IM)	\$2,437,616	767,066	XXX	8%	65%	96%	01,08-GP/FP (34%)	11-INTERNAL MED (30%)	26-PSYCHIATRY (5%)
90783-Injection (IA)	\$14,244	1,319	XXX	0%	0%	97%	11-INTERNAL MED (38%)	01,08-GP/FP (27%)	39-NEPHROLOGY (6%)
90784-Injection (IV)	\$777,911	42,666	XXX	2%	5%	81%	11-INTERNAL MED (19%)	01,08-GP/FP (17%)	83-HEMATOL/ONCOL (13%)
90788-Injection of antibiotic	\$65,190	18,016	XXX	0%	10%	99%	01,08-GP/FP (54%)	11-INTERNAL MED (18%)	34-UROLOGY (8%)
1004-Spinal Tap									
Family Medicare Charges: \$4,286,196				0%					
Family Private Payments: \$471,424				2%					
Percent of CPEP Medicare Charges:									
Percent of CPEP Private Payments:									
62270-Spinal fluid tap, diagnostic	\$4,039,068	72,082	000	9%	97%	10%	13-NEUROLOGY (47%)	11-INTERNAL MED (11%)	30-RADIOLOGY (10%)
62272-Drain spinal fluid	\$247,128	3,176	000	6%	3%	8%	13-NEUROLOGY (30%)	14-NEUROSURGERY (25%)	30-RADIOLOGY (18%)
1008-Bone Marrow Procedures									
Family Medicare Charges: \$14,524,378				1%					
Family Private Payments: \$245,922				1%					
Percent of CPEP Medicare Charges:									
Percent of CPEP Private Payments:									
38240-Bone marrow transplantation	\$7,408	45	XXX	0%	11%	4%	83-HEMATOL/ONCOL (40%)	11-INTERNAL MED (29%)	70-GROUP PRAC (9%)
85095-Bone marrow aspiration	\$8,607	65	XXX	0%	0%	0%	83-HEMATOL/ONCOL (52%)	11-INTERNAL MED (29%)	82-HEMATOLOGY (6%)
85102-Bone marrow biopsy	\$6,468,810	112,898	XXX	45%	38%	33%	83-HEMATOL/ONCOL (48%)	11-INTERNAL MED (20%)	22-PATHOLOGY (13%)
	\$8,039,553	112,435	XXX	55%	52%	34%	83-HEMATOL/ONCOL (45%)	11-INTERNAL MED (20%)	22-PATHOLOGY (16%)
1012-Allergy Tests									
Family Medicare Charges: \$14,171,602				1%					
Family Private Payments: \$64,718				0%					
Percent of CPEP Medicare Charges:									
Percent of CPEP Private Payments:									
95004-Allergy skin tests	\$7,079,316	2,706,308	XXX	50%	0%	100%	03-ALLERGY/IMMUN (79%)	11-INTERNAL MED (6%)	04-OTOLOGY (3%)
95010-Sensitivity skin tests	\$146,799	33,117	XXX	1%	0%	97%	03-ALLERGY/IMMUN (68%)	11-INTERNAL MED (14%)	01,08-GP/FP (6%)
95015-Sensitivity skin tests	\$207,340	35,694	XXX	1%	0%	95%	03-ALLERGY/IMMUN (64%)	11-INTERNAL MED (10%)	01,08-GP/FP (8%)
95024-Allergy skin tests	\$5,463,533	1,431,576	XXX	3%	0%	100%	03-ALLERGY/IMMUN (58%)	04-OTOLOGY (25%)	11-INTERNAL MED (6%)
95027-Skin end point titration	\$685,962	134,949	XXX	5%	40%	100%	04-OTOLOGY (62%)	03-ALLERGY/IMMUN (13%)	33-THORACIC SURG (11%)
95028-Allergy skin tests	\$244,141	44,253	XXX	2%	0%	100%	04-OTOLOGY (62%)	03-ALLERGY/IMMUN (22%)	01,08-GP/FP (4%)
95044-Allergy patch tests			XXX	0%	0%	0%	(.)	(.)	(.)
95052-Photo patch test			XXX	0%	0%	0%	(.)	(.)	(.)
95056-Photosensitivity tests	\$889	152	XXX	0%	0%	88%	07-DERMATOLOGY (76%)	18-OPHTHALMOLOGY (8%)	69-INDEPEND LAB (7%)
95060-Eye allergy tests	\$174,997	16,021	XXX	1%	8%	99%	18-OPHTHALMOLOGY (93%)	41-OPHTHALMIST (4%)	66-RHEUMATOLOGY (2%)
95065-Mose allergy test	\$6,897	993	XXX	0%	5%	98%	03-ALLERGY/IMMUN (63%)	11-INTERNAL MED (20%)	04-OTOLOGY (11%)
95070-Bronchial allergy tests	\$71,683	1,182	XXX	1%	38%	87%	29-PULMONARY DIS (43%)	03-ALLERGY/IMMUN (25%)	11-INTERNAL MED (12%)
95071-Bronchial allergy tests	\$2,112	45	XXX	0%	0%	98%	01,08-GP/FP (51%)	33-THORACIC SURG (20%)	11-INTERNAL MED (16%)

1993 MC Allowed Charges 1993 MC Units of Service Global Period Pct. of Family AllDChgs Pct. of Family Privmts Vol. in OFFICE

First Specialty Second Specialty Third Specialty

01,08-GP/FP (12%)
37-PEDIATRICS (6%)

04-OTOLARYNG (34%)
04-OTOLARYNG (32%)

03-ALLERGY/IMMUN (49%)
03-ALLERGY/IMMUN (54%)

98%
100%

3%
7%

0%
0%

1,768
4,306

\$48,086
\$39,847

95075- Ingestion challenge test
95078- Provocative testing

1016- Allergy Immunotherapy
Family Medicare Charges: \$346,062
Family Private Payments: \$35,366

95144-Antigen therapy services
95145-Antigen therapy services
95146-Antigen therapy services
95147-Antigen therapy services
95148-Antigen therapy services
95149-Antigen therapy services
95165-Antigen therapy services
95170-Antigen therapy services

1020- Immunotherapy
Family Medicare Charges: \$15,630,915
Family Private Payments: \$1,118,682

95115- Immunotherapy, one injection
95117- Immunotherapy injections
95180- Rapid desensitization

1026- Infusion Therapy except Chemotherapy
Family Medicare Charges: \$14,127,677
Family Private Payments: \$294,690

36680- Insert needle, bone cavity
90780- IV infusion therapy, 1 hour
90781- IV infusion, additional hour

1028- Chemotherapy
Family Medicare Charges: \$123,003,251
Family Private Payments: \$2,391,014

96400- Chemotherapy, (SC)/(IM)
96405- Intravesical chemo admin
96406- Intravesical chemo admin

96408- Chemotherapy, push technique
96410- Chemotherapy, infusion method
96412- Chemotherapy, infusion method
96414- Chemotherapy, infusion method
96420- Chemotherapy, push technique
96422- Chemotherapy, infusion method
96423- Chemotherapy, infusion method
96425- Chemotherapy, infusion method
96440- Chemotherapy, intracavitary
96445- Chemotherapy, intracavitary
96450- Chemotherapy, into CMS
96520- Pump refilling, maintenance
96530- Pump refilling, maintenance

96542-Chemotherapy injection 90% 83-HEMATOL/ONCOL (32%) 11-INTERNAL MED (29%) 90-MED ONCOLOGY (27%)

1032-Blood and Transfusion Family Medicare Charges: \$5,162,117 Family Private Payments: \$455,537

36430-Blood transfusion service	\$1,435,769	37,960	XXX	28%	59%	83-HEMATOL/ONCOL (38%)	11-INTERNAL MED (21%)	70-GROUP PRAC (8%)
36440-Blood transfusion service	\$709	13	XXX	0%	31%	11-INTERNAL MED (31%)	02-ONCL SURGERY (15%)	37-PEDIATRICS (15%)
36450-Exchange transfusion service	\$152	12	XXX	0%	83%	11-INTERNAL MED (67%)	01,08-GP/FP (25%)	37-PEDIATRICS (8%)
36455-Exchange transfusion service	\$405,855	821	XXX	8%	11%	05-ANESTHESIA (39%)	11-INTERNAL MED (17%)	01,08-GP/FP (14%)
36460-Transfusion service, fetal	\$2,332	18	XXX	0%	7%	11-INTERNAL MED (33%)	01,08-GP/FP (28%)	70-GROUP PRAC (11%)
36520-Plasma and/or cell exchange	\$1,648,160	12,057	000	32%	7%	39-NEPHROLOGY (31%)	11-INTERNAL MED (21%)	22-PATHOLOGY (17%)
36522-Photopheresis	\$586,985	1,789	ZZZ	11%	14%	07-DERMATOLOGY (76%)	70-GROUP PRAC (11%)	22-PATHOLOGY (5%)
38230-Bone marrow collection	\$56,249	145	010	1%	4%	83-HEMATOL/ONCOL (34%)	11-INTERNAL MED (33%)	82-HEMATOLOGY (9%)
79941-Echo guide for transfusion	\$1,014,118	64,006	XXX	20%	92%	83-HEMATOL/ONCOL (29%)	11-INTERNAL MED (25%)	01,08-GP/FP (20%)
99195-Phlebotomy	\$11,788	40	000	0%	65%	11-INTERNAL MED (53%)	39-NEPHROLOGY (25%)	01,08-GP/FP (10%)
00068-Extracorporeal plasmapheresis								

1036-Hemodialysis and Peritoneal Dialysis Family Medicare Charges:\$407,774,873 Family Private Payments: \$620,805

90918-ESRD related services, month	\$1,094,916	57,871	XXX	0%	2%	39-NEPHROLOGY (79%)	11-INTERNAL MED (19%)	70-GROUP PRAC (3%)
90919-ESRD related services, month	\$346,193	13,122	XXX	0%	4%	11-INTERNAL MED (71%)	39-NEPHROLOGY (15%)	37-PEDIATRICS (12%)
90920-ESRD related services, month	\$911,423	19,439	XXX	0%	7%	37-PEDIATRICS (45%)	39-NEPHROLOGY (38%)	11-INTERNAL MED (12%)
90921-ESRD related services, month	\$207,303,447	5,269,792	XXX	51%	11%	39-NEPHROLOGY (72%)	11-INTERNAL MED (23%)	70-GROUP PRAC (4%)
90922-ESRD related services, day	\$36,975,264	6,013,980	XXX	9%	5%	39-NEPHROLOGY (79%)	11-INTERNAL MED (16%)	70-GROUP PRAC (4%)
90935-Hemodialysis, one evaluation	\$93,048,356	900,449	000	23%	44%	39-NEPHROLOGY (78%)	11-INTERNAL MED (17%)	70-GROUP PRAC (3%)
90937-Hemodialysis, repeated eval.	\$48,355,853	223,685	000	12%	43%	39-NEPHROLOGY (73%)	11-INTERNAL MED (23%)	70-GROUP PRAC (2%)
90945-Dialysis, one evaluation	\$14,213,576	156,926	000	3%	7%	39-NEPHROLOGY (78%)	11-INTERNAL MED (17%)	70-GROUP PRAC (3%)
90947-Dialysis, repeated eval.	\$5,508,937	37,775	000	1%	1%	39-NEPHROLOGY (70%)	11-INTERNAL MED (22%)	70-GROUP PRAC (3%)
90997-Hemoperfusion	\$18,908	135	000	0%	5%	39-NEPHROLOGY (70%)	11-INTERNAL MED (16%)	91-SURG ONCOLOGY (6%)

1040-Nerve and Muscle Tests Family Medicare Charges:\$144,914,570 Family Private Payments: \$2,978,194

95857-Tensilon test	\$143,324	4,002	XXX	0%	59%	13-NEUROLOGY (63%)	18-OPHTHALMOLOGY (27%)	70-GROUP PRAC (2%)
95858-Tensilon test & myogram	\$20,865	304	XXX	0%	41%	13-NEUROLOGY (56%)	25-PHYSICL-REHAB (14%)	06-CARDIOLOGY (8%)
95860-Muscle test, one limb	\$11,330,651	173,582	XXX	8%	65%	13-NEUROLOGY (68%)	25-PHYSICL-REHAB (23%)	70-GROUP PRAC (4%)
95861-Muscle test, two limbs	\$17,108,234	158,983	XXX	12%	65%	13-NEUROLOGY (60%)	25-PHYSICL-REHAB (30%)	70-GROUP PRAC (3%)
95863-Muscle test, 3 limbs	\$1,466,980	11,398	XXX	1%	56%	13-NEUROLOGY (69%)	25-PHYSICL-REHAB (18%)	70-GROUP PRAC (8%)
95864-Muscle test, 4 limbs	\$1,458,401	8,909	XXX	1%	71%	13-NEUROLOGY (56%)	25-PHYSICL-REHAB (30%)	70-GROUP PRAC (4%)
95867-Muscle test, head or neck	\$170,746	2,981	XXX	0%	54%	13-NEUROLOGY (37%)	25-PHYSICL-REHAB (11%)	70-GROUP PRAC (11%)
95868-Muscle test, head or neck	\$387,509	3,509	XXX	0%	72%	13-NEUROLOGY (41%)	25-PHYSICL-REHAB (21%)	29-PULMONARY DIS (10%)
95869-Muscle test, limited	\$1,895,606	48,562	XXX	1%	5%	13-NEUROLOGY (50%)	25-PHYSICL-REHAB (18%)	95-PHYSIOL LAB (14%)
95872-Muscle test, one fiber	\$50,776	679	XXX	0%	24%	13-NEUROLOGY (79%)	25-PHYSICL-REHAB (9%)	70-GROUP PRAC (5%)
95875-Limb exercise test	\$5,906	104	XXX	0%	39%	13-NEUROLOGY (79%)	06-CARDIOLOGY (10%)	70-GROUP PRAC (3%)
95900-Motor nerve conduction test	\$48,990,463	1,586,060	XXX	3%	71%	13-NEUROLOGY (55%)	25-PHYSICL-REHAB (19%)	95-PHYSIOL LAB (7%)
95904-Sense nerve conduction test	\$35,902,724	1,260,617	XXX	2%	74%	13-NEUROLOGY (51%)	25-PHYSICL-REHAB (17%)	95-PHYSIOL LAB (8%)
95920-Intraoperative nerve testing	\$1,074,035	10,272	XXX	0%	2%	13-NEUROLOGY (51%)	05-ANESTHESIA (10%)	14-NEUROSURGERY (9%)
95933-Blink reflex test	\$103,949	1,958	XXX	0%	54%	13-NEUROLOGY (66%)	25-PHYSICL-REHAB (9%)	11-INTERNAL MED (6%)

95935-H or F reflex study
95937-Neuromuscular junction test

13-NEUROLOGY (46%)
13-NEUROLOGY (40%)

81%
80%

5%
0%

16%
1%

662,249
28,246

\$23,409,721
\$1,394,680

Percent of CPEP Medicare Charges: 5%
Percent of CPEP Private Payments: 10%

1044-Electroencephalogram
Family Medicare Charges: \$56,970,349
Family Private Payments: \$2,077,190

95-PHYSIOL LAB (25%)
01,08-GP/FP (19%)

88%
80%

8%
22%

4%
15%

35,712
67,916

\$2,107,456
\$8,437,483

Percent of CPEP Medicare Charges: 5%
Percent of CPEP Private Payments: 10%

92280-Special eye evaluation
92585-Brainstem evoked audiometry
95812-Electroencephalogram (EEG)
95816-Electroencephalogram (EEG)
95819-Electroencephalogram (EEG)
95822-Sleep electroencephalogram
95824-Electroencephalogram
95830-Insert electrodes for EEG
95925-Somatosensory testing
95954-EEG monitoring/giving drugs
95955-EEG during surgery
95957-EEG digital analysis
95958-EEG monitoring/function test
95961-Electrode stimulation, brain
95962-Electrode stimulation, brain

13-NEUROLOGY (32%)
04-OTOLARYNG (33%)
(.)
70-GROUP PRAC (6%)
11-INTERNAL MED (3%)
11-INTERNAL MED (2%)
11-INTERNAL MED (3%)
06-CARDIOLOGY (3%)
70-GROUP PRAC (8%)
11-INTERNAL MED (1%)
95-PHYSIOL LAB (18%)
06-CARDIOLOGY (8%)
70-GROUP PRAC (10%)
(.)
30-RADIOLOGY (12%)
70-GROUP PRAC (7%)
06-CARDIOLOGY (3%)

88%
80%
18%
17%
29%
3%
14%
82%
2%
1%
10%
23%
0%

4%
15%
5%
52%
4%
0%
0%
15%
0%
1%
0%
0%
0%

18-OPHTHALMOLOGY (51%)
13-NEUROLOGY (42%)
(.)
13-NEUROLOGY (85%)
13-NEUROLOGY (86%)
70-GROUP PRAC (5%)
70-GROUP PRAC (8%)
13-NEUROLOGY (79%)
13-NEUROLOGY (84%)
13-NEUROLOGY (22%)
13-NEUROLOGY (57%)
13-NEUROLOGY (52%)
(.)
13-NEUROLOGY (4%)
13-NEUROLOGY (7%)
13-NEUROLOGY (86%)

35,712
67,916
61,258
576,259
14,309
817
438
114,232
63
8,811
344
14,058
8,861

\$2,107,456
\$8,437,483
\$2,854,715
\$29,356,831
\$938,912
\$33,458
\$32,487
\$12,470,527
\$4,730
\$632,203
\$78,828
\$14,058
\$8,861

Percent of CPEP Medicare Charges: 0%
Percent of CPEP Private Payments: 1%

1048-Extended EEG Studies
Family Medicare Charges: \$3,866,294
Family Private Payments: \$170,682

29-PULMONARY DIS (32%)
(.)
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(.)
(.)
(.)
11-INTERNAL MED (23%)
02-GNRL SURGERY (12%)
70-GROUP PRAC (5%)
70-GROUP PRAC (3%)
70-GROUP PRAC (25%)
95-PHYSIOL LAB (38%)

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526
8,097
8,166
142,878
94,623

Percent of CPEP Medicare Charges: 0%
Percent of CPEP Private Payments: 1%

1052-Respiratory Therapy
Family Medicare Charges: \$9,170,483
Family Private Payments: \$352,167

11-INTERNAL MED (9%)
(.)
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(.)
(.)
(.)
29-PULMONARY DIS (23%)
02-GNRL SURGERY (12%)
70-GROUP PRAC (5%)
70-GROUP PRAC (3%)
70-GROUP PRAC (25%)
95-PHYSIOL LAB (38%)

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\$470,747
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526
8,097
8,166
142,878
94,623

Percent of CPEP Medicare Charges: 1%
Percent of CPEP Private Payments: 2%

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
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99183-Hyperbaric oxygen therapy
 1056-Ventilator Management
 Family Medicare Charges: \$58,129,681
 Family Private Payments: \$603,615

94656-Initial ventilator mgmt
 94657-Cont. ventilator
 94660-Pos airway pressure, CPAP
 94662-Neg pressure ventilation, CNP

11,540,398	131,357	XXX	20%	38%	1%	29-PULMONARY DIS (50%)	05-ANESTHESIA (24%)	11-INTERNAL MED (14%)
\$45,886,402	877,239	XXX	79%	56%	0%	29-PULMONARY DIS (73%)	11-INTERNAL MED (14%)	05-ANESTHESIA (3%)
\$679,701	12,698	XXX	1%	6%	19%	29-PULMONARY DIS (45%)	11-INTERNAL MED (15%)	13-NEUROLOGY (9%)
\$23,180	393	XXX	0%		17%	29-PULMONARY DIS (83%)	01,08-GP/FP (10%)	03-ALLERGY/IMMUN (5%)

1060-Endoscopy of the Lower Airway
 Family Medicare Charges: \$75,028,089
 Family Private Payments: \$1,956,276

\$309,716	2,231	000	0%		44%	04-OTOLARYNG (69%)	29-PULMONARY DIS (14%)	02-GNRL SURGERY (6%)
\$28,267,038	125,743	000	38%	44%	2%	29-PULMONARY DIS (54%)	33-THORACIC SURG (11%)	11-INTERNAL MED (11%)
\$17,106,364	65,080	000	23%	24%	2%	29-PULMONARY DIS (59%)	11-INTERNAL MED (14%)	33-THORACIC SURG (10%)
\$18,326,645	53,255	000	24%	22%	2%	29-PULMONARY DIS (76%)	11-INTERNAL MED (15%)	33-THORACIC SURG (3%)
\$1,673,341	5,744	000	0%	1%	3%	29-PULMONARY DIS (74%)	11-INTERNAL MED (16%)	70-GROUP PRAC (4%)
\$86,306	339	000	0%		9%	04-OTOLARYNG (37%)	33-THORACIC SURG (26%)	29-PULMONARY DIS (14%)
\$90,021	405	000	0%		15%	04-OTOLARYNG (39%)	33-THORACIC SURG (20%)	33-THORACIC SURG (16%)
\$303,837	960	000	0%	1%	2%	29-PULMONARY DIS (38%)	04-OTOLARYNG (18%)	29-PULMONARY DIS (14%)
\$103,839	400	000	0%		26%	29-PULMONARY DIS (26%)	04-OTOLARYNG (19%)	33-THORACIC SURG (12%)
\$1,780,876	3,673	000	2%	3%	3%	29-PULMONARY DIS (56%)	33-THORACIC SURG (12%)	11-INTERNAL MED (11%)
\$6,137,572	23,926	000	8%	5%	1%	29-PULMONARY DIS (72%)	11-INTERNAL MED (10%)	33-THORACIC SURG (5%)
\$750,553	3,584	000	1%		2%	29-PULMONARY DIS (63%)	11-INTERNAL MED (10%)	02-GNRL SURGERY (8%)
\$39,235	175	000	0%		2%	29-PULMONARY DIS (38%)	70-GROUP PRAC (18%)	05-ANESTHESIA (16%)
\$18,647	349	000	0%		45%	29-PULMONARY DIS (37%)	20-ORTHOPEDE SURG (32%)	01,08-GP/FP (10%)
\$11,634	177	000	0%		14%	30-RADIOLOGY (72%)	29-PULMONARY DIS (15%)	11-INTERNAL MED (4%)
\$3,751	144	000	0%		1%	29-PULMONARY DIS (90%)	02-GNRL SURGERY (3%)	11-INTERNAL MED (2%)
\$20,714	371	000	0%		14%	29-PULMONARY DIS (89%)	11-INTERNAL MED (6%)	33-THORACIC SURG (2%)

1066-Pulmonary Services
 Family Medicare Charges: \$115,209,267
 Family Private Payments: \$3,843,638

\$24,838,799	909,070	XXX	22%	35%	78%	29-PULMONARY DIS (32%)	11-INTERNAL MED (32%)	01,08-GP/FP (15%)
\$34,521,622	796,624	XXX	30%	36%	69%	29-PULMONARY DIS (40%)	11-INTERNAL MED (27%)	01,08-GP/FP (12%)
\$5,129,698	78,019	XXX	4%	3%	75%	95-PHYSIOL LAB (33%)	29-PULMONARY DIS (28%)	11-INTERNAL MED (21%)
\$839,957	76,914	XXX	1%	1%	65%	29-PULMONARY DIS (48%)	11-INTERNAL MED (22%)	01,08-GP/FP (11%)
\$3,527,675	216,113	XXX	3%	3%	80%	29-PULMONARY DIS (37%)	11-INTERNAL MED (24%)	01,08-GP/FP (13%)
\$1,817,364	112,998	XXX	2%	2%	64%	29-PULMONARY DIS (69%)	11-INTERNAL MED (19%)	01,08-GP/FP (12%)
\$5,839,971	252,403	XXX	5%	3%	35%	29-PULMONARY DIS (66%)	11-INTERNAL MED (18%)	70-GROUP PRAC (5%)
\$136,433	12,076	XXX	0%	0%	39%	29-PULMONARY DIS (47%)	11-INTERNAL MED (20%)	95-PHYSIOL LAB (14%)
\$882,181	35,796	XXX	1%	0%	36%	29-PULMONARY DIS (65%)	11-INTERNAL MED (18%)	95-PHYSIOL LAB (6%)
\$1,307,062	52,479	XXX	1%	1%	42%	29-PULMONARY DIS (54%)	11-INTERNAL MED (20%)	95-PHYSIOL LAB (9%)
\$671,205	27,234	XXX	1%	0%	35%	29-PULMONARY DIS (64%)	11-INTERNAL MED (15%)	95-PHYSIOL LAB (5%)
\$226,420	12,970	XXX	0%	0%	47%	29-PULMONARY DIS (47%)	11-INTERNAL MED (25%)	95-PHYSIOL LAB (7%)
\$10,776,634	396,427	XXX	9%	6%	68%	95-PHYSIOL LAB (46%)	11-INTERNAL MED (25%)	01,08-GP/FP (12%)
\$264,372	5,553	XXX	0%	0%	23%	95-PHYSIOL LAB (77%)	29-PULMONARY DIS (6%)	69-INDEPEND LAB (6%)
\$190,188	5,212	XXX	0%	0%	6%	95-PHYSIOL LAB (84%)	69-INDEPEND LAB (6%)	29-PULMONARY DIS (5%)

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Procedure

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	OFFICE	First Specialty	Second Specialty	Third Specialty
94620-Pulmonary stress testing	\$3,813,928	48,727	XXX	3%	1%	36%	29-PULMONARY DIS (41%)	95-PHYSIOL LAB (27%)	11-INTERNAL MED (15%)
94680-Exhaled air analysis: O2	\$275,526	12,556	XXX	0%	0%	25%	06-CARDIOLOGY (32%)	29-PULMONARY DIS (32%)	11-INTERNAL MED (15%)
94681-Exhaled air analysis	\$454,685	10,138	XXX	0%	1%	32%	29-PULMONARY DIS (36%)	06-CARDIOLOGY (20%)	11-INTERNAL MED (16%)
94690-Exhaled air analysis	\$133,420	29,105	XXX	0%	0%	5%	29-PULMONARY DIS (78%)	05-ANESTHESIA (13%)	11-INTERNAL MED (4%)
94720-Monoxide diffusing capacity	\$7,386,175	286,866	XXX	6%	4%	36%	29-PULMONARY DIS (69%)	11-INTERNAL MED (17%)	70-GROUP PRAC (5%)
94725-Membrane diffusion capacity	\$226,236	5,652	XXX	0%	0%	38%	29-PULMONARY DIS (42%)	95-PHYSIOL LAB (23%)	11-INTERNAL MED (11%)
94750-Pulmonary compliance study	\$248,529	9,478	XXX	0%	0%	26%	29-PULMONARY DIS (42%)	11-INTERNAL MED (16%)	93-EMERGENCY MED (12%)
94760-Measure blood oxygen level	\$7,168,678	581,446	XXX	6%	2%	89%	29-PULMONARY DIS (38%)	11-INTERNAL MED (23%)	01,08-GP/FP (13%)
94761-Measure blood oxygen level	\$3,633,937	158,043	XXX	3%	1%	82%	29-PULMONARY DIS (35%)	11-INTERNAL MED (17%)	95-PHYSIOL LAB (15%)
94762-Measure blood oxygen level	\$735,661	14,125	XXX	1%	1%	36%	95-PHYSIOL LAB (60%)	29-PULMONARY DIS (20%)	11-INTERNAL MED (9%)
94770-Exhaled carbon dioxide test	\$161,677	15,249	XXX	0%	1%	15%	05-ANESTHESIA (57%)	81-CRITICAL CARE (19%)	29-PULMONARY DIS (11%)
94772-Breath recording, infant	\$1,434	11	XXX	0%	.	36%	70-GROUP PRAC (45%)	37-PEDIATRICS (18%)	01,08-GP/FP (9%)

CPEP 11 - GASTROENTEROLOGY

1993 MC Allowed Charges
 1993 MC Units of Service
 Global Period
 Pct. of Family AllChgs
 Pct. of Family PrivPmts
 Pct. of Vol. in OFFICE

First Specialty
 Second Specialty
 Third Specialty

C11
 =====
 1100-Alimentary Tests and Simple Tube Placement

Family Medicare Charges: \$4,815,483
 Family Private Payments: \$232,526
 Percent of CPEP Medicare Charges: 0%
 Percent of CPEP Private Payments: 1%

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
44500-Intro, gastrointestinal tube	\$800,108	26,635	000	17%	3%	1%	(.)	(.)	(.)
74340-X-ray guide for GI tube	\$9,950	333	XXX	0%	.	45%	10-GASTROENTER (93%)	10-GASTROENTER (2%)	70-GROUP PRAC (1%)
89100-Sample intestinal contents	\$11,229	608	XXX	0%	.	15%	10-GASTROENTER (42%)	22-PATHOLOGY (26%)	29-PULMONARY DIS (7%)
89105-Sample intestinal contents	\$16,354	613	XXX	0%	1%	24%	69-INDEPEND LAB (70%)	22-PATHOLOGY (12%)	10-GASTROENTER (12%)
89130-Sample stomach contents	\$434	36	XXX	0%	.	89%	05-ANESTHESIA (16%)	10-GASTROENTER (16%)	05-ANESTHESIA (12%)
89135-Sample stomach contents	\$1,707	41	XXX	0%	.	7%	01,08-GP/FP (36%)	06-CARDIOLOGY (31%)	11-INTERNAL MED (17%)
89136-Sample stomach contents	\$131	1	XXX	0%	.	0%	05-ANESTHESIA (61%)	10-GASTROENTER (20%)	01,08-GP/FP (10%)
89140-Sample stomach contents	\$1,321	25	XXX	0%	.	72%	11-INTERNAL MED (100%)	(.)	(.)
89141-Sample stomach contents	\$234	5	XXX	0%	19%	80%	11-INTERNAL MED (24%)	01,08-GP/FP (12%)	02-GHRL SURGERY (12%)
91000-Esophageal intubation	\$19,561	868	000	0%	21%	81%	10-GASTROENTER (80%)	22-PATHOLOGY (20%)	(.)
91010-Esophagus motility study	\$748,023	7,235	000	16%	15%	23%	01,08-GP/FP (31%)	11-INTERNAL MED (24%)	34-UROLOGY (15%)
91011-Esophagus motility study	\$84,686	695	000	2%	4%	15%	10-GASTROENTER (69%)	11-INTERNAL MED (14%)	70-GROUP PRAC (5%)
91012-Esophagus motility study	\$112,044	885	000	2%	5%	19%	10-GASTROENTER (86%)	11-INTERNAL MED (10%)	70-GROUP PRAC (1%)
91020-Esophagogastic study	\$138,675	1,625	000	3%	1%	39%	10-GASTROENTER (76%)	11-INTERNAL MED (6%)	33-THORACIC SURG (6%)
91030-Acid perfusion of esophagus	\$40,912	858	000	1%	2%	17%	10-GASTROENTER (45%)	11-INTERNAL MED (18%)	30-RADIOLOGY (12%)
91032-Esophagus, acid reflux test	\$68,694	752	000	1%	4%	17%	10-GASTROENTER (78%)	11-INTERNAL MED (13%)	70-GROUP PRAC (4%)
91033-Prolonged acid reflux test	\$374,383	2,963	000	8%	14%	37%	10-GASTROENTER (66%)	11-INTERNAL MED (12%)	33-THORACIC SURG (7%)
91052-Gastric analysis test	\$25,597	392	000	1%	.	58%	10-GASTROENTER (68%)	11-INTERNAL MED (12%)	02-GHRL SURGERY (6%)
91055-Gastric intubation for smear	\$184,970	3,589	000	4%	1%	2%	01,08-GP/FP (24%)	01,08-GP/FP (22%)	22-PATHOLOGY (17%)
91060-Gastric saline load test	\$18,666	54	000	0%	.	65%	29-PULMONARY DIS (33%)	05-ANESTHESIA (23%)	10-GASTROENTER (16%)
91065-Breath hydrogen test	\$183,761	3,335	000	4%	9%	78%	10-GASTROENTER (77%)	11-INTERNAL MED (24%)	01,08-GP/FP (17%)
91100-Pass intestine bleeding tube	\$93,229	1,920	000	2%	.	2%	93-EMERGENCY MED (45%)	11-INTERNAL MED (17%)	70-GROUP PRAC (4%)
91105-Gastric intubation treatment	\$1,897,732	52,552	000	39%	.	1%	93-EMERGENCY MED (40%)	11-INTERNAL MED (21%)	70-GROUP PRAC (11%)

1104-Esophageal Dilation without Endoscopy

Family Medicare Charges: \$6,949,846
 Family Private Payments: \$163,370
 Percent of CPEP Medicare Charges: 1%
 Percent of CPEP Private Payments: 0%

43450-Dilate esophagus	\$3,686,353	75,340	000	53%	66%	13%	10-GASTROENTER (69%)	11-INTERNAL MED (13%)	49-ASC (6%)
43453-Dilate esophagus	\$3,169,637	44,859	000	46%	34%	5%	10-GASTROENTER (79%)	11-INTERNAL MED (12%)	49-ASC (6%)
43456-Dilate esophagus	\$93,854	696	000	1%	.	8%	10-GASTROENTER (63%)	49-ASC (11%)	11-INTERNAL MED (11%)
43458-Dilation of esophagus	.	.	000	.	.	.	(.)	(.)	(.)

1108-Diagnostic Upper GI Endoscopy or Intubation

Family Medicare Charges: \$311,689,511
 Family Private Payments: \$9,894,340
 Percent of CPEP Medicare Charges: 29%
 Percent of CPEP Private Payments: 28%

43200-Esophagus endoscopy	\$3,296,706	23,228	000	1%	1%	6%	04-OTOLARYNG (47%)	10-GASTROENTER (24%)	11-INTERNAL MED (7%)
43202-Esophagus endoscopy, biopsy	\$1,548,096	8,123	000	0%	0%	10%	10-GASTROENTER (44%)	04-OTOLARYNG (19%)	11-INTERNAL MED (13%)
43234-Upper GI endoscopy, exam	\$2,779,761	13,439	000	1%	1%	15%	10-GASTROENTER (51%)	11-INTERNAL MED (20%)	02-GHRL SURGERY (18%)
43235-Upper GI endoscopy, diagnosis	\$134,819,246	585,434	000	43%	47%	6%	10-GASTROENTER (63%)	11-INTERNAL MED (17%)	02-GHRL SURGERY (11%)
43239-Upper GI endoscopy, biopsy	\$166,994,598	615,488	000	54%	49%	7%	10-GASTROENTER (65%)	11-INTERNAL MED (16%)	02-GHRL SURGERY (8%)
43259-Endoscopic ultrasound exam	.	.	000	.	.	.	(.)	(.)	(.)
43600-Biopsy of stomach	\$29,868	733	000	0%	.	9%	10-GASTROENTER (58%)	02-GHRL SURGERY (19%)	11-INTERNAL MED (13%)
44100-Biopsy of bowel	\$93,287	1,738	000	0%	0%	4%	10-GASTROENTER (79%)	11-INTERNAL MED (10%)	02-GHRL SURGERY (7%)
44360-Small bowel endoscopy	\$1,060,574	3,877	000	0%	0%	14%	10-GASTROENTER (69%)	11-INTERNAL MED (16%)	02-GHRL SURGERY (5%)
44361-Small bowel endoscopy, biopsy	\$1,067,375	3,386	000	0%	0%	7%	10-GASTROENTER (75%)	11-INTERNAL MED (16%)	49-ASC (4%)

Procedure Second Specialty Third Specialty

76975-GI endoscopic ultrasound

1112-Therapeutic Upper GI Endoscopy or Intubation

Family Medicare Charges:\$116,386,671 11%
 Family Private Payments: \$1,192,961 3%

43204-Esoophagus endoscopy & inject	2%	7%	2%	10-GASTROENTER (81%)	11-INTERNAL MED (13%)	70-GROUP PRAC (3%)
43205-Esoophagus endoscopy/ligation	0%	0%	0%	(.)	(.)	(.)
43215-Esoophagus endoscopy	1%	6%	1%	10-GASTROENTER (44%)	04-OTOLARYNG (17%)	02-GNRL SURGERY (16%)
43216-Esoophagus endoscopy/lesion	0%	0%	0%	(.)	(.)	(.)
43217-Esoophagus endoscopy	0%	0%	0%	10-GASTROENTER (50%)	11-INTERNAL MED (14%)	02-GNRL SURGERY (10%)
43219-Esoophagus endoscopy	0%	0%	0%	10-GASTROENTER (40%)	11-INTERNAL MED (14%)	06-CARDIOLOGY (12%)
43220-Esoophagus endoscopy,dilation	5%	12%	5%	10-GASTROENTER (59%)	11-INTERNAL MED (13%)	02-GNRL SURGERY (8%)
43226-Esoophagus endoscopy,dilation	4%	5%	4%	10-GASTROENTER (78%)	11-INTERNAL MED (11%)	49-ASC (7%)
43227-Esoophagus endoscopy, repair	0%	0%	0%	10-GASTROENTER (69%)	11-INTERNAL MED (21%)	02-GNRL SURGERY (4%)
43228-Esoophagus endoscopy,ablation	0%	0%	0%	10-GASTROENTER (64%)	11-INTERNAL MED (13%)	02-GNRL SURGERY (8%)
43241-Upper GI endoscopy with tube	1%	1%	1%	10-GASTROENTER (56%)	11-INTERNAL MED (13%)	30-RADIOLOGY (10%)
43243-Upper GI endoscopy & inject.	4%	7%	4%	10-GASTROENTER (77%)	11-INTERNAL MED (16%)	70-GROUP PRAC (2%)
43244-Upper GI endoscopy/ligation	0%	0%	0%	(.)	(.)	(.)
43245-Operative upper GI endoscopy	4%	7%	4%	10-GASTROENTER (60%)	11-INTERNAL MED (15%)	02-GNRL SURGERY (14%)
43246-Place gastrostomy tube	36%	12%	1%	10-GASTROENTER (65%)	02-GNRL SURGERY (15%)	11-INTERNAL MED (15%)
43247-Operative upper GI endoscopy	6%	12%	2%	10-GASTROENTER (69%)	11-INTERNAL MED (14%)	02-GNRL SURGERY (11%)
43248-Upper GI endoscopy/guidewire	0%	0%	0%	(.)	(.)	(.)
43249-Esoophagus endoscopy,dilation	0%	0%	0%	(.)	(.)	(.)
43250-Upper GI endoscopy/tumor	0%	0%	0%	(.)	(.)	(.)
43251-Operative upper GI endoscopy	4%	6%	4%	10-GASTROENTER (66%)	11-INTERNAL MED (15%)	02-GNRL SURGERY (10%)
43255-Operative upper GI endoscopy	16%	16%	1%	10-GASTROENTER (78%)	11-INTERNAL MED (16%)	02-GNRL SURGERY (3%)
43258-Operative upper GI endoscopy	2%	2%	3%	10-GASTROENTER (73%)	11-INTERNAL MED (14%)	02-GNRL SURGERY (6%)
43750-Place gastrostomy tube	0%	5%	1%	02-GNRL SURGERY (43%)	10-GASTROENTER (33%)	11-INTERNAL MED (8%)
43761-Revision gastrostomy tube	0%	0%	1%	30-RADIOLOGY (69%)	10-GASTROENTER (8%)	70-GROUP PRAC (6%)
44363-Small bowel endoscopy	53%	0%	11%	10-GASTROENTER (49%)	11-INTERNAL MED (15%)	02-GNRL SURGERY (13%)
44364-Small bowel endoscopy	156%	0%	31%	02-GNRL SURGERY (28%)	10-GASTROENTER (21%)	70-GROUP PRAC (19%)
44365-Small bowel endoscopy	0%	0%	0%	(.)	(.)	(.)
44366-Small bowel endoscopy	487%	0%	0%	10-GASTROENTER (82%)	11-INTERNAL MED (13%)	02-GNRL SURGERY (2%)
44369-Small bowel endoscopy	117%	0%	7%	10-GASTROENTER (68%)	11-INTERNAL MED (14%)	02-GNRL SURGERY (12%)
44372-Small bowel endoscopy	1,056%	0%	1%	10-GASTROENTER (46%)	02-GNRL SURGERY (17%)	11-INTERNAL MED (14%)
44373-Small bowel endoscopy	978%	0%	1%	10-GASTROENTER (64%)	11-INTERNAL MED (12%)	30-RADIOLOGY (10%)
44376-Small bowel endoscopy	0%	0%	0%	(.)	(.)	(.)
44377-Small bowel endoscopy	0%	0%	0%	(.)	(.)	(.)
44378-Small bowel endoscopy	0%	0%	0%	(.)	(.)	(.)
44380-Small bowel endoscopy	1,399%	1%	9%	10-GASTROENTER (62%)	11-INTERNAL MED (14%)	34-UROLOGY (10%)
44382-Small bowel endoscopy	488%	0%	6%	10-GASTROENTER (65%)	11-INTERNAL MED (20%)	34-UROLOGY (5%)
74235-Remove esophagus obstruction	120%	0%	5%	30-RADIOLOGY (88%)	10-GASTROENTER (5%)	01,08-GP/FP (3%)
74350-X-ray guide, stomach tube	5,503%	0%	1%	30-RADIOLOGY (83%)	94-INTERVEN RAD (7%)	70-GROUP PRAC (4%)
74360-X-ray guide, GI dilation	3,311%	0%	8%	10-GASTROENTER (63%)	10-GASTROENTER (30%)	94-INTERVEN RAD (2%)

1116-Lower Gastrointestinal Endoscopy

Family Medicare Charges:\$497,489,502 46%
 Family Private Payments: \$16,607,421 47%

44385-Endoscopy of bowel pouch	0%	0%	0%	34-UROLOGY (37%)	02-GNRL SURGERY (18%)	28-COLORECTAL (16%)
44386-Endoscopy, bowel pouch, biopsy	0%	0%	44%	34-UROLOGY (32%)	10-GASTROENTER (25%)	30-RADIOLOGY (15%)

Procedure

First Specialty

Second Specialty

Third Specialty

44388-Colon endoscopy	\$1,229,413	4,513	000	0%	0%	9%	10-GASTROENTER (40%)	02-GNRL SURGERY (29%)	28-COLORECTAL (13%)
44389-Colonoscopy with biopsy	\$296,484	1,066	000	0%	0%	6%	10-GASTROENTER (52%)	02-GNRL SURGERY (20%)	11-INTERNAL MED (11%)
44390-Colonoscopy for foreign body	\$5,474	30	000	0%	0%	13%	10-GASTROENTER (40%)	34-UROLOGY (23%)	02-GNRL SURGERY (17%)
44391-Colonoscopy for bleeding	\$26,989	87	000	0%	0%	5%	10-GASTROENTER (63%)	02-GNRL SURGERY (17%)	49-ASC (7%)
44392-Colonoscopy & polypectomy	\$523,238	1,369	000	0%	0%	8%	10-GASTROENTER (46%)	02-GNRL SURGERY (22%)	28-COLORECTAL (12%)
44393-Colonoscopy, lesion removal	\$109,384	316	000	0%	0%	0%	10-GASTROENTER (44%)	28-COLORECTAL (22%)	02-GNRL SURGERY (13%)
44394-Colonoscopy w/snare			000	0%	0%	0%	(.)	(.)	(.)
45355-Surgical colonoscopy	\$636,368	3,498	000	0%	0%	37%	11-INTERNAL MED (25%)	02-GNRL SURGERY (24%)	01,08-GP/FP (20%)
45378-Diagnostic colonoscopy	\$183,257,248	638,644	000	37%	43%	9%	10-GASTROENTER (54%)	02-GNRL SURGERY (16%)	11-INTERNAL MED (14%)
45379-Colonoscopy	\$404,421	1,137	000	0%	0%	15%	10-GASTROENTER (55%)	11-INTERNAL MED (18%)	02-GNRL SURGERY (10%)
45380-Colonoscopy and biopsy	\$86,225,775	297,326	000	17%	22%	6%	10-GASTROENTER (65%)	11-INTERNAL MED (14%)	02-GNRL SURGERY (15%)
45382-Colonoscopy, control bleeding	\$4,729,022	13,386	000	1%	0%	3%	10-GASTROENTER (75%)	11-INTERNAL MED (15%)	49-ASC (4%)
45383-Colonoscopy, lesion removal	\$21,988,165	60,576	000	4%	2%	6%	11-GASTROENTER (61%)	11-INTERNAL MED (12%)	28-COLORECTAL (8%)
45384-Colonoscopy			000	0%	0%	0%	(.)	(.)	(.)
45385-Colonoscopy, lesion removal	\$198,002,108	438,430	000	40%	31%	7%	10-GASTROENTER (60%)	11-INTERNAL MED (13%)	02-GNRL SURGERY (10%)
1120-Anoscopy									
Family Medicare Charges:	\$2,590,272		0%						
Family Private Payments:	\$263,895		1%						
Percent of CPEP Medicare Charges:									
Percent of CPEP Private Payments:									
46220-Removal of anal tab	\$86,635	1,450	010	3%	4%	50%	02-GNRL SURGERY (51%)	28-COLORECTAL (30%)	01,08-GP/FP (7%)
46600-Diagnostic anoscopy	\$2,219,275	94,518	000	86%	89%	93%	01,08-GP/FP (28%)	11-INTERNAL MED (21%)	02-GNRL SURGERY (21%)
46606-Anoscopy and biopsy	\$43,473	1,282	000	2%	1%	63%	02-GNRL SURGERY (58%)	28-COLORECTAL (17%)	01,08-GP/FP (9%)
46608-Anoscopy;remove foreign body	\$19,844	309	000	1%	1%	44%	28-COLORECTAL (45%)	01,08-GP/FP (18%)	93-EMERGENCY MED (17%)
46610-Anoscopy; Remove lesion	\$47,358	664	000	2%	1%	47%	02-GNRL SURGERY (55%)	28-COLORECTAL (11%)	01,08-GP/FP (10%)
46611-Anoscopy			000	0%	0%	0%	(.)	(.)	(.)
46612-Anoscopy; Remove lesions	\$10,372	139	000	0%	0%	21%	10-GASTROENTER (42%)	02-GNRL SURGERY (37%)	28-COLORECTAL (6%)
46614-Anoscopy; control bleeding	\$163,335	1,464	000	6%	4%	79%	28-GASTROENTER (36%)	10-GASTROENTER (27%)	02-GNRL SURGERY (19%)
46615-Anoscopy			000	0%	0%	0%	(.)	(.)	(.)
1124-Proctosigmoidoscopy and sigmoidoscopy									
Family Medicare Charges:	\$88,192,366		8%						
Family Private Payments:	\$5,587,147		16%						
Percent of CPEP Medicare Charges:									
Percent of CPEP Private Payments:									
45300-Proctosigmoidoscopy	\$8,275,471	202,460	000	9%	13%	87%	28-COLORECTAL (28%)	11-INTERNAL MED (26%)	02-GNRL SURGERY (24%)
45303-Proctosigmoidoscopy	\$134,714	3,136	000	0%	0%	64%	02-GNRL SURGERY (36%)	28-COLORECTAL (21%)	10-GASTROENTER (15%)
45305-Proctosigmoidoscopy; biopsy	\$540,370	7,860	000	1%	0%	58%	02-GNRL SURGERY (53%)	28-COLORECTAL (15%)	10-GASTROENTER (9%)
45307-Proctosigmoidoscopy	\$18,559	194	000	0%	0%	31%	02-GNRL SURGERY (46%)	11-INTERNAL MED (12%)	28-COLORECTAL (11%)
45308-Proctosigmoidoscopy			000	0%	0%	0%	(.)	(.)	(.)
45309-Proctosigmoidoscopy			000	0%	0%	0%	(.)	(.)	(.)
45315-Proctosigmoidoscopy	\$44,413	422	000	0%	0%	41%	02-GNRL SURGERY (50%)	28-COLORECTAL (17%)	10-GASTROENTER (15%)
45317-Proctosigmoidoscopy	\$89,407	694	000	0%	0%	41%	02-GNRL SURGERY (44%)	28-COLORECTAL (28%)	10-GASTROENTER (16%)
45320-Proctosigmoidoscopy	\$164,458	945	000	0%	0%	51%	02-GNRL SURGERY (45%)	28-COLORECTAL (28%)	10-GASTROENTER (11%)
45321-Proctosigmoidoscopy	\$75,130	596	000	0%	0%	5%	02-GNRL SURGERY (74%)	10-GASTROENTER (10%)	11-INTERNAL MED (6%)
45330-Sigmoidoscopy, diagnostic	\$63,848,678	777,425	000	72%	74%	74%	11-INTERNAL MED (32%)	10-GASTROENTER (27%)	01,08-GP/FP (15%)
45331-Sigmoidoscopy and biopsy	\$11,378,143	93,146	000	13%	10%	47%	10-GASTROENTER (49%)	11-INTERNAL MED (20%)	01,08-GP/FP (10%)
45332-Sigmoidoscopy	\$46,105	363	000	0%	0%	33%	10-GASTROENTER (37%)	02-GNRL SURGERY (25%)	11-INTERNAL MED (19%)
45333-Sigmoidoscopy & polypectomy	\$2,647,820	15,860	000	3%	2%	29%	10-GASTROENTER (41%)	02-GNRL SURGERY (23%)	11-INTERNAL MED (14%)
45334-Sigmoidoscopy for bleeding	\$477,822	2,213	000	1%	0%	11%	10-GASTROENTER (65%)	11-INTERNAL MED (13%)	02-GNRL SURGERY (10%)
45337-Sigmoidoscopy, decompression	\$330,990	1,320	000	0%	0%	4%	10-GASTROENTER (50%)	02-GNRL SURGERY (30%)	11-INTERNAL MED (10%)
45339-Sigmoidoscopy			000	0%	0%	0%	(.)	(.)	(.)

Procedure 46604-Anoscopy and dilation

1128-ERCP and Miscellaneous GI Endoscopy Procedures
 Family Medicare Charges: \$60,502,492
 Family Private Payments: \$1,221,575
 Percent of CPEP Medicare Charges: 6%
 Percent of CPEP Private Payments: 3%

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	1993 MC Global Period	AllChgs	PrivPmts	Pct. of Family Vol. in	Pct. of Family Vol. in	Top Medicare Specialties (% of Procedure Volume)		
								First Specialty	Second Specialty	Third Specialty
46604-Anoscopy and dilation	\$120,286	3,204	000	0%	0%	88%	28-COLORECTAL (39%)	10-GASTROENTER (80%)	11-INTERNAL MED (14%)	11-INTERNAL MED (13%)
43260-Endoscopy,bile duct/pancreas	\$22,337,617	52,907	000	37%	59%	1%	(.)	(.)	(.)	70-GROUP PRAC (3%)
43261-Endoscopy,bile duct/pancreas	\$11,800,382	22,733	000	20%	18%	1%	10-GASTROENTER (82%)	11-INTERNAL MED (13%)	11-INTERNAL MED (15%)	70-GROUP PRAC (3%)
43262-Endoscopy,bile duct/pancreas	\$88,661	255	000	0%	4%	1%	10-GASTROENTER (79%)	11-INTERNAL MED (15%)	11-INTERNAL MED (13%)	70-GROUP PRAC (5%)
43263-Endoscopy,bile duct/pancreas	\$8,308,757	13,776	000	14%	11%	1%	10-GASTROENTER (82%)	11-INTERNAL MED (13%)	11-INTERNAL MED (15%)	70-GROUP PRAC (3%)
43264-Endoscopy,bile duct/pancreas	\$262,691	758	000	0%	1%	1%	10-GASTROENTER (80%)	11-INTERNAL MED (12%)	11-INTERNAL MED (17%)	70-GROUP PRAC (4%)
43265-Endoscopy,bile duct/pancreas	\$586,938	1,684	000	1%	1%	1%	10-GASTROENTER (77%)	11-INTERNAL MED (12%)	11-INTERNAL MED (17%)	70-GROUP PRAC (2%)
43268-Endoscopy,bile duct/pancreas	\$5,948,313	11,948	000	10%	6%	1%	10-GASTROENTER (83%)	11-INTERNAL MED (12%)	11-INTERNAL MED (12%)	70-GROUP PRAC (3%)
43269-Endoscopy,bile duct/pancreas	\$1,732,153	3,954	000	3%	2%	1%	10-GASTROENTER (77%)	11-INTERNAL MED (13%)	11-INTERNAL MED (14%)	02-GHRL SURGERY (5%)
43271-Endoscopy,bile duct/pancreas	\$800,719	1,970	000	1%	1%	3%	10-GASTROENTER (80%)	11-INTERNAL MED (14%)	11-INTERNAL MED (14%)	02-GHRL SURGERY (2%)
43272-Endoscopy,bile duct/pancreas	\$27,389	86	000	0%	1%	1%	10-GASTROENTER (74%)	11-INTERNAL MED (12%)	11-INTERNAL MED (12%)	02-GHRL SURGERY (6%)
47510-Insert catheter, bile duct	\$1,230,780	4,290	090	2%	2%	0%	30-RADIOLOGY (86%)	94-INTERVEN RAD (4%)	94-INTERVEN RAD (4%)	02-GHRL SURGERY (4%)
47511-Insert bile duct drain	\$1,321,714	3,894	090	2%	2%	0%	30-RADIOLOGY (88%)	94-INTERVEN RAD (5%)	94-INTERVEN RAD (5%)	02-GHRL SURGERY (4%)
47550-Bile duct endoscopy	\$388,131	5,590	000	1%	1%	0%	02-GHRL SURGERY (86%)	01-08-GP/FP (4%)	01-08-GP/FP (4%)	33-THORACIC SURG (3%)
47552-Biliary endoscopy, thru skin	\$27,924	192	000	0%	0%	3%	02-GHRL SURGERY (63%)	30-RADIOLOGY (15%)	30-RADIOLOGY (15%)	10-GASTROENTER (9%)
47553-Biliary endoscopy, thru skin	\$70,931	298	000	0%	0%	0%	30-RADIOLOGY (65%)	02-GHRL SURGERY (15%)	02-GHRL SURGERY (15%)	94-INTERVEN RAD (8%)
47554-Biliary endoscopy, thru skin	\$100,823	391	000	0%	0%	1%	02-GHRL SURGERY (64%)	30-RADIOLOGY (18%)	30-RADIOLOGY (18%)	70-GROUP PRAC (4%)
47555-Biliary endoscopy, thru skin	\$161,971	674	000	0%	0%	1%	30-RADIOLOGY (78%)	94-INTERVEN RAD (7%)	94-INTERVEN RAD (7%)	02-GHRL SURGERY (7%)
47556-Biliary endoscopy, thru skin	\$527,442	1,651	000	1%	1%	0%	30-RADIOLOGY (82%)	94-INTERVEN RAD (9%)	94-INTERVEN RAD (9%)	70-GROUP PRAC (7%)
47630-Remove bile duct stone	\$430,360	1,477	090	1%	1%	1%	30-RADIOLOGY (63%)	02-GHRL SURGERY (25%)	02-GHRL SURGERY (25%)	94-INTERVEN RAD (4%)
74327-X-ray for bile stone removal	\$86,066	2,140	XXX	0%	0%	2%	30-RADIOLOGY (95%)	94-INTERVEN RAD (3%)	94-INTERVEN RAD (3%)	70-GROUP PRAC (1%)
74328-Xray for bile duct endoscopy	\$562,366	14,495	XXX	1%	0%	1%	30-RADIOLOGY (93%)	70-GROUP PRAC (3%)	70-GROUP PRAC (3%)	10-GASTROENTER (3%)
74329-X-ray for pancreas endoscopy	\$303,289	7,813	XXX	1%	0%	1%	30-RADIOLOGY (93%)	70-GROUP PRAC (3%)	70-GROUP PRAC (3%)	94-INTERVEN RAD (2%)
74330-Xray,bile/pancreas endoscopy	\$2,394,820	61,161	XXX	4%	2%	1%	30-RADIOLOGY (94%)	70-GROUP PRAC (3%)	70-GROUP PRAC (3%)	10-GASTROENTER (2%)
74363-X-ray, bile duct dilation	\$285,853	2,589	XXX	0%	0%	0%	30-RADIOLOGY (85%)	94-INTERVEN RAD (8%)	94-INTERVEN RAD (8%)	70-GROUP PRAC (5%)
75980-Contrast xray exam bile duct	\$329,718	4,212	XXX	1%	0%	0%	30-RADIOLOGY (89%)	94-INTERVEN RAD (6%)	94-INTERVEN RAD (6%)	70-GROUP PRAC (4%)
75982-Contrast xray exam bile duct	\$386,684	4,971	XXX	1%	0%	0%	30-RADIOLOGY (89%)	94-INTERVEN RAD (4%)	94-INTERVEN RAD (4%)	70-GROUP PRAC (4%)

CPEP 12 - CARDIOTHORACIC AND VASCULAR

Procedure

1200-Minor Vascular Repair and Fistula Construction

Family Medicare Charges: \$161,605,430
 Family Private Payments: \$974,077

Percent of CPEP Medicare Charges: 14%
 Percent of CPEP Private Payments: 4%

1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Global AllDChgs	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
\$778,998	1,353	090	0%	.	4%	02-GHRL SURGERY (59%)	33-THORACIC SURG (15%)	30-RADIOLOGY (9%)
\$56,838	57	090	0%	.	0%	33-THORACIC SURG (46%)	02-GHRL SURGERY (25%)	77-VASCULAR SURG (12%)
\$21,391	19	090	0%	.	0%	33-THORACIC SURG (53%)	02-GHRL SURGERY (21%)	77-VASCULAR SURG (11%)
\$107,204	95	090	0%	.	6%	02-GHRL SURGERY (40%)	33-THORACIC SURG (17%)	77-VASCULAR SURG (14%)
\$21,680	22	090	0%	.	5%	02-GHRL SURGERY (55%)	33-THORACIC SURG (18%)	01-OB-GP/FP (14%)
\$466,321	481	090	0%	.	1%	02-GHRL SURGERY (52%)	77-VASCULAR SURG (17%)	33-THORACIC SURG (12%)
\$1,377,635	2,050	090	1%	8%	1%	02-GHRL SURGERY (44%)	33-THORACIC SURG (17%)	77-VASCULAR SURG (13%)
\$178,991	304	090	0%	.	4%	24-PLASTIC SURG (33%)	40-HAND SURGERY (22%)	20-ORTHOPEDE SURG (22%)
\$2,726,201	4,169	090	2%	5%	0%	02-GHRL SURGERY (35%)	33-THORACIC SURG (24%)	77-VASCULAR SURG (18%)
\$596,129	685	090	0%	.	0%	02-GHRL SURGERY (44%)	77-VASCULAR SURG (19%)	33-THORACIC SURG (15%)
\$1,443,655	2,001	090	1%	.	1%	02-GHRL SURGERY (37%)	77-VASCULAR SURG (29%)	33-THORACIC SURG (19%)
\$1,653,930	1,691	090	1%	.	1%	02-GHRL SURGERY (52%)	33-THORACIC SURG (23%)	77-VASCULAR SURG (15%)
\$1,490,740	2,098	090	1%	.	0%	02-GHRL SURGERY (35%)	33-THORACIC SURG (22%)	77-VASCULAR SURG (21%)
\$623,722	2,001	090	0%	.	0%	02-GHRL SURGERY (41%)	33-THORACIC SURG (21%)	77-VASCULAR SURG (19%)
\$271,536	863	090	0%	.	0%	02-GHRL SURGERY (50%)	77-VASCULAR SURG (19%)	33-THORACIC SURG (17%)
\$1,022,846	3,370	090	1%	2%	1%	02-GHRL SURGERY (45%)	77-VASCULAR SURG (19%)	33-THORACIC SURG (18%)
\$17,719,285	28,514	090	11%	11%	0%	02-GHRL SURGERY (60%)	33-THORACIC SURG (14%)	77-VASCULAR SURG (13%)
.	.	090	.	.	.	(.)	(.)	(.)
.	.	090	.	.	.	(.)	(.)	(.)
.	.	090	.	.	.	(.)	(.)	(.)
\$570,057	1,007	090	0%	5%	1%	02-GHRL SURGERY (73%)	33-THORACIC SURG (6%)	77-VASCULAR SURG (4%)
\$2,430,554	6,686	010	2%	.	1%	02-GHRL SURGERY (65%)	05-ANESTHESIA (8%)	88-UNKNOWN SUPPL (8%)
\$33,719	182	010	0%	.	35%	02-GHRL SURGERY (51%)	83-HEMATOL/ONCOL (25%)	11-INTERNAL MED (6%)
\$30,918,620	76,129	010	19%	.	1%	02-GHRL SURGERY (71%)	02-GHRL SURGERY (8%)	77-VASCULAR SURG (6%)
\$10,174,765	60,655	000	6%	10%	1%	39-NEPHROLOGY (42%)	02-GHRL SURGERY (26%)	33-THORACIC SURG (9%)
\$946,956	2,439	000	1%	.	1%	02-GHRL SURGERY (43%)	39-NEPHROLOGY (17%)	33-THORACIC SURG (13%)
\$321,317	1,246	000	0%	.	10%	02-GHRL SURGERY (64%)	77-VASCULAR SURG (10%)	33-THORACIC SURG (9%)
\$2,750,430	4,990	090	2%	3%	1%	02-GHRL SURGERY (65%)	77-VASCULAR SURG (12%)	33-THORACIC SURG (11%)
\$6,094,856	7,425	090	4%	7%	0%	02-GHRL SURGERY (56%)	33-THORACIC SURG (16%)	77-VASCULAR SURG (12%)
\$44,937,886	53,657	090	28%	34%	0%	02-GHRL SURGERY (60%)	77-VASCULAR SURG (15%)	33-THORACIC SURG (15%)
\$24,111,782	37,509	090	15%	10%	0%	02-GHRL SURGERY (56%)	77-VASCULAR SURG (14%)	33-THORACIC SURG (14%)
\$56,867	72	090	0%	.	1%	02-GHRL SURGERY (67%)	33-THORACIC SURG (15%)	77-VASCULAR SURG (8%)
\$627,411	3,354	000	0%	0%	29%	39-NEPHROLOGY (33%)	02-GHRL SURGERY (29%)	83-HEMATOL/ONCOL (11%)
\$2,385,494	6,808	000	1%	.	1%	02-GHRL SURGERY (67%)	33-THORACIC SURG (16%)	77-VASCULAR SURG (6%)
.	.	090	.	.	.	(.)	(.)	(.)
\$4,687,614	25,260	010	3%	4%	17%	02-GHRL SURGERY (56%)	18-OPHTHALMOLOGY (14%)	77-VASCULAR SURG (6%)

1204-Vascular Ligation
 Family Medicare Charges: \$4,920,702
 Family Private Payments: \$671,153

Percent of CPEP Medicare Charges: 0%
 Percent of CPEP Private Payments: 3%

\$97,588	382	090	2%	.	1%	04-OTOLARYNG (93%)	70-GROUP PRAC (3%)	18-OPHTHALMOLOGY (1%)
\$441,060	585	090	9%	.	2%	04-OTOLARYNG (95%)	70-GROUP PRAC (2%)	24-PLASTIC SURG (2%)
\$78,214	203	090	2%	.	2%	02-GHRL SURGERY (65%)	04-OTOLARYNG (12%)	77-VASCULAR SURG (9%)
\$56,385	203	090	1%	.	4%	04-OTOLARYNG (56%)	02-GHRL SURGERY (14%)	18-OPHTHALMOLOGY (9%)
\$572,560	1,594	090	12%	.	2%	02-GHRL SURGERY (52%)	77-VASCULAR SURG (18%)	33-THORACIC SURG (12%)
\$29,360	114	090	1%	.	3%	02-GHRL SURGERY (31%)	33-THORACIC SURG (18%)	39-NEPHROLOGY (12%)
\$425,959	1,598	090	9%	11%	25%	02-GHRL SURGERY (44%)	77-VASCULAR SURG (19%)	33-THORACIC SURG (13%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Allchgs	Pct. of Family Privpmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
37720-Removal of leg vein	\$1,137,486	3,037	090	23%	38%	2%	02-GHRL SURGERY (61%)	77-VASCULAR SURG (13%)	33-THORACIC SURG (12%)
37730-Removal of leg veins	\$928,915	1,896	090	19%	34%	3%	02-GHRL SURGERY (63%)	33-THORACIC SURG (13%)	77-VASCULAR SURG (10%)
37735-Removal of leg veins/lesion	\$297,758	477	090	6%	8%	4%	02-GHRL SURGERY (55%)	77-VASCULAR SURG (13%)	33-THORACIC SURG (12%)
37760-Revision of leg vein	\$549,956	963	090	11%	.	15%	02-GHRL SURGERY (57%)	77-VASCULAR SURG (12%)	33-THORACIC SURG (9%)
37780-Revision of leg vein	\$32,614	199	090	1%	.	26%	02-GHRL SURGERY (63%)	77-VASCULAR SURG (13%)	33-THORACIC SURG (10%)
37785-Revise secondary varicosity	\$272,847	2,563	090	6%	9%	28%	02-GHRL SURGERY (65%)	77-VASCULAR SURG (12%)	33-THORACIC SURG (6%)
1208-Major Vascular Procedures									
Family Medicare Charges:\$356,304,454									
Family Private Payments: \$4,056,285									
Percent of CPEP Medicare Charges: 30%									
Percent of CPEP Private Payments: 18%									
34001-Removal of artery clot	\$221,591	486	090	0%	.	0%	02-GHRL SURGERY (43%)	33-THORACIC SURG (20%)	77-VASCULAR SURG (12%)
34051-Removal of artery clot	\$36,488	60	090	0%	.	0%	02-GHRL SURGERY (35%)	33-THORACIC SURG (35%)	77-VASCULAR SURG (12%)
34101-Removal of artery clot	\$7,163,893	12,218	090	2%	2%	1%	02-GHRL SURGERY (56%)	33-THORACIC SURG (18%)	77-VASCULAR SURG (16%)
34111-Removal of arm artery clot	\$753,666	1,581	090	0%	.	1%	02-GHRL SURGERY (54%)	77-VASCULAR SURG (21%)	33-THORACIC SURG (14%)
34151-Removal of artery clot	\$875,015	1,289	090	0%	.	1%	02-GHRL SURGERY (59%)	33-THORACIC SURG (12%)	77-VASCULAR SURG (12%)
34201-Removal of artery clot	\$9,219,322	18,501	090	3%	3%	0%	02-GHRL SURGERY (49%)	33-THORACIC SURG (20%)	77-VASCULAR SURG (16%)
34203-Removal of leg artery clot	\$1,810,124	3,658	090	1%	.	0%	02-GHRL SURGERY (46%)	77-VASCULAR SURG (23%)	33-THORACIC SURG (17%)
34401-Removal of vein clot	\$100,143	213	090	0%	.	1%	02-GHRL SURGERY (40%)	33-THORACIC SURG (18%)	34-UROLOGY (13%)
34421-Removal of vein clot	\$202,710	469	090	0%	.	6%	02-GHRL SURGERY (42%)	33-THORACIC SURG (18%)	77-VASCULAR SURG (17%)
34451-Removal of vein clot	\$55,357	141	090	0%	.	38%	76-PER VASC DTS (38%)	02-GHRL SURGERY (30%)	77-VASCULAR SURG (12%)
34471-Removal of vein clot	\$42,277	113	090	0%	.	3%	02-GHRL SURGERY (65%)	33-THORACIC SURG (14%)	77-VASCULAR SURG (4%)
34502-Reconstruct, vena cava	.	.	090	.	.	.	(.)	(.)	(.)
35001-Repair defect of artery	\$1,636,822	1,805	090	0%	.	0%	02-GHRL SURGERY (42%)	33-THORACIC SURG (21%)	77-VASCULAR SURG (14%)
35002-Repair artery rupture, neck	\$21,311	31	090	0%	.	0%	33-THORACIC SURG (42%)	33-THORACIC SURG (19%)	77-VASCULAR SURG (1%)
35005-Repair defect of artery	\$11,354	22	090	0%	.	32%	02-GHRL SURGERY (36%)	11-INTERNAL MED (23%)	01-OB-GP/FP (9%)
35011-Repair defect of artery	\$1,629,867	1,661	090	0%	.	0%	02-GHRL SURGERY (55%)	77-VASCULAR SURG (17%)	33-THORACIC SURG (16%)
35013-Repair artery rupture, arm	\$151,185	152	090	0%	.	3%	02-GHRL SURGERY (55%)	77-VASCULAR SURG (20%)	33-THORACIC SURG (15%)
35021-Repair defect of artery	\$116,348	137	090	0%	.	4%	33-THORACIC SURG (35%)	02-GHRL SURGERY (25%)	78-CARDIAC SURG (13%)
35022-Repair artery rupture, chest	\$13,927	37	090	0%	.	43%	01-OB-GP/FP (30%)	02-GHRL SURGERY (19%)	33-THORACIC SURG (16%)
35081-Repair defect of artery	\$31,175,846	28,931	090	9%	8%	0%	02-GHRL SURGERY (43%)	33-THORACIC SURG (21%)	77-VASCULAR SURG (14%)
35082-Repair artery rupture, aorta	\$9,135,844	6,947	090	3%	2%	0%	02-GHRL SURGERY (55%)	33-THORACIC SURG (18%)	77-VASCULAR SURG (12%)
35091-Repair defect of artery	\$3,458,588	2,970	090	1%	.	0%	02-GHRL SURGERY (37%)	33-THORACIC SURG (19%)	77-VASCULAR SURG (17%)
35092-Repair artery rupture, aorta	\$1,031,135	655	090	0%	.	1%	02-GHRL SURGERY (49%)	33-THORACIC SURG (19%)	77-VASCULAR SURG (16%)
35102-Repair defect of artery	\$15,865,186	13,000	090	4%	5%	0%	02-GHRL SURGERY (45%)	33-THORACIC SURG (19%)	77-VASCULAR SURG (18%)
35103-Repair artery rupture, groin	\$3,319,913	2,182	090	1%	.	0%	02-GHRL SURGERY (53%)	77-VASCULAR SURG (17%)	33-THORACIC SURG (14%)
35111-Repair defect of artery	\$89,799	103	090	0%	.	0%	02-GHRL SURGERY (59%)	77-VASCULAR SURG (16%)	33-THORACIC SURG (10%)
35112-Repair artery rupture, spleen	\$24,641	40	090	0%	.	0%	02-GHRL SURGERY (80%)	33-THORACIC SURG (8%)	77-VASCULAR SURG (5%)
35121-Repair defect of artery	\$377,887	322	090	0%	.	1%	02-GHRL SURGERY (44%)	77-VASCULAR SURG (20%)	33-THORACIC SURG (17%)
35122-Repair artery rupture, belly	\$79,186	62	090	0%	.	0%	02-GHRL SURGERY (69%)	77-VASCULAR SURG (13%)	33-THORACIC SURG (8%)
35131-Repair defect of artery	\$1,591,420	1,979	090	0%	.	0%	02-GHRL SURGERY (39%)	33-THORACIC SURG (22%)	77-VASCULAR SURG (21%)
35132-Repair artery rupture, groin	\$196,527	233	090	0%	.	2%	02-GHRL SURGERY (59%)	77-VASCULAR SURG (15%)	33-THORACIC SURG (11%)
35141-Repair defect of artery	\$7,053,213	8,581	090	2%	2%	0%	02-GHRL SURGERY (41%)	33-THORACIC SURG (21%)	77-VASCULAR SURG (18%)
35142-Repair artery rupture, thigh	\$563,159	749	090	0%	.	0%	02-GHRL SURGERY (30%)	05-ANESTHESIA (25%)	77-VASCULAR SURG (18%)
35151-Repair defect of artery	\$1,245,134	1,478	090	0%	.	0%	02-GHRL SURGERY (48%)	77-VASCULAR SURG (21%)	33-THORACIC SURG (18%)
35152-Repair artery rupture, knee	\$45,407	67	090	0%	.	1%	02-GHRL SURGERY (39%)	33-THORACIC SURG (30%)	77-VASCULAR SURG (18%)
35161-Repair defect of artery	\$473,540	475	090	0%	.	1%	02-GHRL SURGERY (54%)	33-THORACIC SURG (11%)	77-VASCULAR SURG (13%)
35162-Repair artery rupture	\$41,486	38	090	0%	.	0%	02-GHRL SURGERY (63%)	77-VASCULAR SURG (19%)	33-THORACIC SURG (8%)
35180-Repair blood vessel lesion	\$14,300	24	090	0%	.	0%	02-GHRL SURGERY (42%)	77-VASCULAR SURG (25%)	33-THORACIC SURG (17%)
35182-Repair blood vessel lesion	\$19,988	26	090	0%	.	0%	02-GHRL SURGERY (50%)	33-THORACIC SURG (12%)	77-VASCULAR SURG (12%)
35184-Repair blood vessel lesion	\$166,173	272	090	0%	.	1%	02-GHRL SURGERY (39%)	78-CARDIAC SURG (21%)	33-THORACIC SURG (12%)
35188-Repair blood vessel lesion	\$20,207	35	090	0%	.	3%	02-GHRL SURGERY (34%)	33-THORACIC SURG (17%)	24-PLASTIC SURG (14%)

Top Medicare Specialties (% of Procedure Volume)

Procedure	1993 MC Charges	1993 MC Units of Service	Global Period	Pct. of Family Alldchs	Pct. of Family Privmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
35189-Repair blood vessel lesion	\$49,117	100	090	0%	.	1%	02-GHRL SURGERY (50%)	33-THORACIC SURG (15%)	77-VASCULAR SURG (10%)
35190-Repair blood vessel lesion	\$2,371,588	3,274	090	1%	.	1%	02-GHRL SURGERY (29%)	77-VASCULAR SURG (20%)	33-THORACIC SURG (18%)
35201-Repair blood vessel lesion	\$601,598	960	090	0%	.	3%	02-GHRL SURGERY (69%)	33-THORACIC SURG (27%)	77-VASCULAR SURG (20%)
35211-Repair blood vessel lesion	\$40,963	93	090	0%	.	1%	33-THORACIC SURG (51%)	78-CARDIAC SURG (24%)	02-GHRL SURGERY (11%)
35216-Repair blood vessel lesion	\$118,202	173	090	0%	.	0%	33-THORACIC SURG (41%)	02-GHRL SURGERY (24%)	78-CARDIAC SURG (13%)
35221-Repair blood vessel lesion	\$701,095	1,091	090	0%	.	0%	02-GHRL SURGERY (56%)	33-THORACIC SURG (13%)	77-VASCULAR SURG (12%)
35231-Repair blood vessel lesion	\$258,151	382	090	0%	.	0%	02-GHRL SURGERY (37%)	33-THORACIC SURG (22%)	77-VASCULAR SURG (17%)
35241-Repair blood vessel lesion	\$17,964	40	090	0%	.	3%	33-THORACIC SURG (55%)	78-CARDIAC SURG (23%)	02-GHRL SURGERY (10%)
35246-Repair blood vessel lesion	\$34,360	53	090	0%	.	0%	06-CARDIOLOGY (64%)	33-THORACIC SURG (19%)	02-GHRL SURGERY (6%)
35251-Repair blood vessel lesion	\$77,592	109	090	0%	.	0%	02-GHRL SURGERY (42%)	77-VASCULAR SURG (19%)	33-THORACIC SURG (15%)
35261-Repair blood vessel lesion	\$173,943	371	090	0%	.	0%	02-GHRL SURGERY (37%)	33-THORACIC SURG (28%)	77-VASCULAR SURG (23%)
35271-Repair blood vessel lesion	\$25,294	55	090	0%	.	0%	33-THORACIC SURG (33%)	78-CARDIAC SURG (20%)	02-GHRL SURGERY (18%)
35276-Repair blood vessel lesion	\$14,977	29	090	0%	.	0%	33-THORACIC SURG (34%)	06-CARDIOLOGY (21%)	78-CARDIAC SURG (17%)
35281-Repair blood vessel lesion	\$203,633	254	090	0%	.	0%	02-GHRL SURGERY (35%)	33-THORACIC SURG (17%)	30-RADIOLOGY (9%)
35301-Rechannelling of artery	\$81,406,209	102,418	090	23%	30%	0%	02-GHRL SURGERY (39%)	33-THORACIC SURG (20%)	77-VASCULAR SURG (17%)
35311-Rechannelling of artery	\$119,523	113	090	0%	.	0%	02-GHRL SURGERY (26%)	33-THORACIC SURG (24%)	77-VASCULAR SURG (23%)
35321-Rechannelling of artery	\$1,434,426	1,413	090	0%	.	1%	02-GHRL SURGERY (58%)	33-THORACIC SURG (21%)	77-VASCULAR SURG (12%)
35331-Rechannelling of artery	\$554,733	1,090	090	0%	.	0%	02-GHRL SURGERY (44%)	77-VASCULAR SURG (21%)	33-THORACIC SURG (20%)
35341-Rechannelling of artery	\$857,656	974	090	0%	.	0%	02-GHRL SURGERY (61%)	77-VASCULAR SURG (27%)	33-THORACIC SURG (19%)
35351-Rechannelling of artery	\$1,067,262	1,426	090	0%	.	0%	02-GHRL SURGERY (46%)	77-VASCULAR SURG (23%)	33-THORACIC SURG (16%)
35355-Rechannelling of artery	\$1,087,377	1,380	090	0%	.	1%	02-GHRL SURGERY (44%)	33-THORACIC SURG (21%)	77-VASCULAR SURG (21%)
35361-Rechannelling of artery	\$275,677	264	090	0%	.	0%	02-GHRL SURGERY (61%)	77-VASCULAR SURG (23%)	33-THORACIC SURG (16%)
35363-Rechannelling of artery	\$195,989	235	090	0%	.	0%	02-GHRL SURGERY (55%)	33-THORACIC SURG (17%)	77-VASCULAR SURG (11%)
35371-Rechannelling of artery	\$4,783,748	8,453	090	1%	2%	0%	02-GHRL SURGERY (65%)	77-VASCULAR SURG (22%)	33-THORACIC SURG (16%)
35372-Rechannelling of artery	\$2,341,726	4,631	090	1%	.	0%	02-GHRL SURGERY (46%)	77-VASCULAR SURG (22%)	33-THORACIC SURG (16%)
35381-Rechannelling of artery	\$4,146,823	6,180	090	1%	3%	1%	02-GHRL SURGERY (46%)	77-VASCULAR SURG (21%)	33-THORACIC SURG (18%)
35390-Reoperation, carotid	.	222	090	.	.	.	(.)	(.)	(.)
35501-Artery bypass graft	\$436,651	327	090	0%	.	1%	02-GHRL SURGERY (35%)	77-VASCULAR SURG (18%)	33-THORACIC SURG (15%)
35506-Artery bypass graft	\$390,762	305	090	0%	.	1%	02-GHRL SURGERY (32%)	33-THORACIC SURG (26%)	77-VASCULAR SURG (17%)
35507-Artery bypass graft	\$145,497	160	090	0%	.	0%	02-GHRL SURGERY (43%)	77-VASCULAR SURG (25%)	33-THORACIC SURG (19%)
35508-Artery bypass graft	\$88,748	69	090	0%	.	0%	33-THORACIC SURG (35%)	02-GHRL SURGERY (26%)	77-VASCULAR SURG (26%)
35509-Artery bypass graft	\$161,432	162	090	0%	.	0%	02-GHRL SURGERY (61%)	77-VASCULAR SURG (31%)	33-THORACIC SURG (10%)
35511-Artery bypass graft	\$33,114	39	090	0%	.	0%	02-GHRL SURGERY (38%)	33-THORACIC SURG (21%)	77-VASCULAR SURG (21%)
35515-Artery bypass graft	\$11,625	15	090	0%	.	20%	02-GHRL SURGERY (47%)	01_08-OP/PP (13%)	33-THORACIC SURG (13%)
35516-Artery bypass graft	\$153,663	188	090	0%	.	0%	02-GHRL SURGERY (44%)	05-ANESTHESIA (28%)	33-THORACIC SURG (11%)
35518-Artery bypass graft	\$303,426	277	090	0%	.	0%	02-GHRL SURGERY (78%)	33-THORACIC SURG (10%)	77-VASCULAR SURG (9%)
35521-Artery bypass graft	\$376,127	506	090	0%	.	0%	02-GHRL SURGERY (38%)	05-ANESTHESIA (20%)	33-THORACIC SURG (16%)
35526-Artery bypass graft	\$22,711	36	090	0%	.	0%	33-THORACIC SURG (31%)	02-GHRL SURGERY (28%)	77-VASCULAR SURG (19%)
35531-Artery bypass graft	\$419,341	374	090	0%	.	0%	02-GHRL SURGERY (42%)	77-VASCULAR SURG (25%)	33-THORACIC SURG (14%)
35533-Artery bypass graft	\$277,425	262	090	0%	.	0%	02-GHRL SURGERY (57%)	33-THORACIC SURG (15%)	77-VASCULAR SURG (14%)
35536-Artery bypass graft	\$113,195	106	090	0%	.	0%	02-GHRL SURGERY (61%)	77-VASCULAR SURG (39%)	33-THORACIC SURG (7%)
35541-Artery bypass graft	\$373,675	353	090	0%	.	1%	02-GHRL SURGERY (42%)	33-THORACIC SURG (23%)	77-VASCULAR SURG (12%)
35546-Artery bypass graft	\$1,788,873	1,472	090	1%	.	1%	02-GHRL SURGERY (49%)	33-THORACIC SURG (19%)	77-VASCULAR SURG (15%)
35548-Artery bypass graft	\$76,672	69	090	0%	.	1%	02-GHRL SURGERY (43%)	33-THORACIC SURG (22%)	78-CARDIAC SURG (16%)
35549-Artery bypass graft	\$349,175	212	090	0%	.	1%	02-GHRL SURGERY (50%)	33-THORACIC SURG (18%)	77-VASCULAR SURG (17%)
35551-Artery bypass graft	\$93,285	89	090	0%	.	1%	02-GHRL SURGERY (45%)	33-THORACIC SURG (20%)	77-VASCULAR SURG (11%)
35556-Artery bypass graft	\$15,562,813	14,489	090	4%	8%	1%	02-GHRL SURGERY (66%)	33-THORACIC SURG (20%)	77-VASCULAR SURG (18%)
35558-Artery bypass graft	\$1,308,365	1,467	090	0%	.	0%	02-GHRL SURGERY (44%)	33-THORACIC SURG (23%)	77-VASCULAR SURG (15%)
35560-Artery bypass graft	\$975,539	964	090	0%	.	0%	02-GHRL SURGERY (41%)	77-VASCULAR SURG (19%)	33-THORACIC SURG (18%)
35563-Artery bypass graft	\$15,996	30	090	0%	.	0%	02-GHRL SURGERY (50%)	33-THORACIC SURG (23%)	97-PHYS ASSISTANT (10%)
35565-Artery bypass graft	\$538,057	547	090	0%	.	1%	02-GHRL SURGERY (47%)	77-VASCULAR SURG (19%)	33-THORACIC SURG (17%)
35566-Artery bypass graft	\$13,506,813	10,373	090	4%	3%	0%	02-GHRL SURGERY (43%)	77-VASCULAR SURG (26%)	33-THORACIC SURG (16%)

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Procedure First Specialty Second Specialty Third Specialty

35571-Artery bypass graft	4,996	090	2%	0%	02-GNRL SURGERY (43%)	77-VASCULAR SURG (29%)	33-THORACIC SURG (14%)
35582-Vein bypass graft	210	090	0%	0%	02-GNRL SURGERY (46%)	33-THORACIC SURG (23%)	77-VASCULAR SURG (17%)
35583-Vein bypass graft	6,550	090	2%	3%	02-GNRL SURGERY (47%)	77-VASCULAR SURG (24%)	33-THORACIC SURG (16%)
35585-Vein bypass graft	11,013	090	4%	2%	02-GNRL SURGERY (50%)	77-VASCULAR SURG (23%)	33-THORACIC SURG (13%)
35587-Vein bypass graft	1,471	090	1%	0%	02-GNRL SURGERY (47%)	77-VASCULAR SURG (26%)	33-THORACIC SURG (14%)
35601-Artery bypass graft	350	090	0%	1%	02-GNRL SURGERY (35%)	33-THORACIC SURG (22%)	77-VASCULAR SURG (20%)
35606-Artery bypass graft	1,465	090	0%	0%	02-GNRL SURGERY (36%)	33-THORACIC SURG (24%)	77-VASCULAR SURG (21%)
35612-Artery bypass graft	112	090	0%	0%	02-GNRL SURGERY (40%)	33-THORACIC SURG (22%)	77-VASCULAR SURG (14%)
35616-Artery bypass graft	138	090	0%	1%	33-THORACIC SURG (33%)	02-GNRL SURGERY (31%)	77-VASCULAR SURG (24%)
35623-Bypass graft, not vein	2,376	090	1%	0%	02-GNRL SURGERY (47%)	33-THORACIC SURG (19%)	77-VASCULAR SURG (19%)
35626-Artery bypass graft	229	090	0%	0%	(.)	(.)	(.)
35631-Artery bypass graft	1,799	090	0%	0%	33-THORACIC SURG (36%)	02-GNRL SURGERY (19%)	78-CARDIAC SURG (15%)
35636-Artery bypass graft	64,990	090	0%	0%	02-GNRL SURGERY (39%)	77-VASCULAR SURG (28%)	33-THORACIC SURG (18%)
35641-Artery bypass graft	3,712,911	090	1%	2%	02-GNRL SURGERY (39%)	77-VASCULAR SURG (30%)	06-CARDIOLOGY (7%)
35642-Artery bypass graft	7,846	090	0%	0%	02-GNRL SURGERY (50%)	33-THORACIC SURG (24%)	77-VASCULAR SURG (19%)
35645-Artery bypass graft	12,180	090	0%	0%	02-GNRL SURGERY (61%)	33-THORACIC SURG (20%)	01,08-GP/FP (5%)
35646-Artery bypass graft	15,349,606	090	4%	10%	02-GNRL SURGERY (43%)	33-THORACIC SURG (11%)	77-VASCULAR SURG (11%)
35650-Artery bypass graft	367,764	090	0%	3%	02-GNRL SURGERY (52%)	33-THORACIC SURG (22%)	77-VASCULAR SURG (17%)
35651-Artery bypass graft	386,574	090	0%	10%	02-GNRL SURGERY (46%)	33-THORACIC SURG (17%)	77-VASCULAR SURG (14%)
35654-Artery bypass graft	2,893,429	090	1%	0%	02-GNRL SURGERY (50%)	77-VASCULAR SURG (22%)	33-THORACIC SURG (13%)
35656-Artery bypass graft	28,830,913	090	8%	9%	02-GNRL SURGERY (48%)	33-THORACIC SURG (20%)	77-VASCULAR SURG (16%)
35661-Artery bypass graft	7,241,673	090	2%	4%	02-GNRL SURGERY (46%)	33-THORACIC SURG (19%)	77-VASCULAR SURG (15%)
35663-Artery bypass graft	102,518	090	0%	0%	02-GNRL SURGERY (44%)	77-VASCULAR SURG (26%)	33-THORACIC SURG (19%)
35665-Artery bypass graft	3,132,297	090	1%	0%	02-GNRL SURGERY (46%)	77-VASCULAR SURG (24%)	33-THORACIC SURG (17%)
35666-Artery bypass graft	5,166,918	090	0%	1%	02-GNRL SURGERY (47%)	77-VASCULAR SURG (20%)	33-THORACIC SURG (19%)
35671-Artery bypass graft	841,606	090	0%	0%	02-GNRL SURGERY (47%)	77-VASCULAR SURG (20%)	33-THORACIC SURG (16%)
35681-Artery bypass graft	1,389,376	222	0%	0%	02-GNRL SURGERY (40%)	77-VASCULAR SURG (28%)	33-THORACIC SURG (19%)
35691-Arterial transposition		090			(.)	(.)	(.)
35693-Arterial transposition		090			(.)	(.)	(.)
35694-Arterial transposition		090			(.)	(.)	(.)
35695-Arterial transposition		090			(.)	(.)	(.)
35700-Reoperation, bypass graft		222			(.)	(.)	(.)
35701-Exploration, carotid artery	232,393	595	0%	1%	02-GNRL SURGERY (38%)	77-VASCULAR SURG (14%)	33-THORACIC SURG (13%)
35800-Explore neck vessels	515,888	1,696	0%	1%	02-GNRL SURGERY (40%)	33-THORACIC SURG (16%)	77-VASCULAR SURG (14%)
35820-Explore chest vessels	3,633,789	8,071	0%	2%	33-THORACIC SURG (50%)	78-CARDIAC SURG (28%)	02-GNRL SURGERY (6%)
35840-Explore abdominal vessels	522,797	1,237	0%	0%	02-GNRL SURGERY (50%)	33-THORACIC SURG (16%)	77-VASCULAR SURG (11%)
35860-Explore limb vessels	1,545,106	3,980	0%	1%	02-GNRL SURGERY (50%)	77-VASCULAR SURG (18%)	33-THORACIC SURG (16%)
35870-Repair vessel graft defect	117,315	111	0%	3%	02-GNRL SURGERY (51%)	33-THORACIC SURG (23%)	77-VASCULAR SURG (18%)
35905-Excision, graft, thorax		090			(.)	(.)	(.)
35907-Excision, graft, abdomen		090			(.)	(.)	(.)
36822-Insertion of cannula(s)	102,049	317	0%	0%	33-THORACIC SURG (36%)	02-GNRL SURGERY (26%)	06-CARDIOLOGY (15%)
36834-Repair A-V aneurysm		090			(.)	(.)	(.)
37140-Revision of circulation	1,081,173	894	0%	2%	30-RADIOLOGY (49%)	02-GNRL SURGERY (15%)	05-ANESTHESIA (12%)
37145-Revision of circulation	18,703	17	0%	47%	18-OPHTHALMOLOGY (41%)	02-GNRL SURGERY (18%)	65-PHYSICAL THER (12%)
37160-Revision of circulation	95,497	86	0%	5%	02-GNRL SURGERY (63%)	30-RADIOLOGY (10%)	77-VASCULAR SURG (10%)
37180-Revision of circulation	37,259	34	0%	3%	02-GNRL SURGERY (53%)	77-VASCULAR SURG (15%)	01,08-GP/FP (6%)
37181-Splice spleen/kidney veins	176,028	146	0%	1%	02-GNRL SURGERY (67%)	77-VASCULAR SURG (9%)	30-RADIOLOGY (8%)
37605-Ligation of neck artery	336,494	148	0%	1%	02-GNRL SURGERY (36%)	14-NEUROSURGERY (20%)	04-OTOLARYNG (16%)
37606-Ligation of neck artery	55,303	17	0%	0%	02-GNRL SURGERY (71%)	02-GNRL SURGERY (12%)	04-OTOLARYNG (12%)
37615-Ligation of neck artery	28,088	90	0%	10%	04-OTOLARYNG (31%)	02-GNRL SURGERY (29%)	33-THORACIC SURG (8%)
37616-Ligation of chest artery	21,803	67	0%	1%	33-THORACIC SURG (40%)	02-GNRL SURGERY (27%)	78-CARDIAC SURG (7%)

37617-Ligation of abdomen artery
 37660-Revision of major vein

1212-Removal and Revision of Pacemaker and Vascular Device
 Family Medicare Charges: \$5,337,933
 Family Private Payments: \$11,067

36261-Revision of infusion pump
 36262-Removal of infusion pump
 36532-Removal of infusion pump
 36534-Revision of access port
 36535-Removal of access port
 37203-Transcatheter retrieval
 49428-Ligation of shunt
 49429-Removal of shunt
 75961-Retrieval, broken catheter

1216-Heart and Great Vessels

Family Medicare Charges: \$111,927,456
 Family Private Payments: \$1,892,015

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
33020-Incision of heart sac	\$275,076	396	0%	0%	1%	33-THORACIC SURG (34%)	78-CARDIAC SURG (27%)	02-GNRL SURGERY (16%)
33025-Partial of heart sac	\$3,138,259	3,454	3%	6%	0%	33-THORACIC SURG (48%)	02-GNRL SURGERY (20%)	78-CARDIAC SURG (15%)
33030-Partial removal of heart sac	\$535,393	487	0%	0%	1%	33-THORACIC SURG (54%)	78-CARDIAC SURG (19%)	02-GNRL SURGERY (11%)
33031-Partial removal of heart sac	\$121,841	224	0%	0%	1%	33-THORACIC SURG (62%)	78-CARDIAC SURG (21%)	02-GNRL SURGERY (7%)
33050-Removal of heart sac lesion	\$35,448	94	0%	0%	1%	33-THORACIC SURG (40%)	02-GNRL SURGERY (26%)	78-CARDIAC SURG (13%)
33120-Removal of heart lesion	\$716,903	578	0%	1%	0%	33-THORACIC SURG (48%)	78-CARDIAC SURG (28%)	06-CARDIOLOGY (8%)
33130-Removal of heart lesion	\$17,586	42	0%	0%	31%	33-THORACIC SURG (26%)	34-UROLOGY (17%)	78-CARDIAC SURG (14%)
33250-Ablate heart dysrhythm focus	\$31,342	36	0%	0%	8%	06-CARDIOLOGY (61%)	33-THORACIC SURG (11%)	01,08-GP/FP (6%)
33251-Ablate heart dysrhythm focus	\$37,374	57	0%	0%	0%	33-THORACIC SURG (61%)	78-CARDIAC SURG (26%)	02-GNRL SURGERY (4%)
33260-Ablate heart dysrhythm focus	\$6,515	11	0%	0%	27%	06-CARDIOLOGY (36%)	34-UROLOGY (18%)	78-CARDIAC SURG (18%)
33261-Ablate heart dysrhythm focus	\$57,481	81	0%	0%	0%	33-THORACIC SURG (51%)	78-CARDIAC SURG (23%)	06-CARDIOLOGY (16%)
33300-Repair of heart wound	\$165,374	228	0%	1%	3%	33-THORACIC SURG (42%)	78-CARDIAC SURG (19%)	02-GNRL SURGERY (17%)
33305-Repair of heart wound	\$156,975	263	0%	0%	0%	33-THORACIC SURG (61%)	78-CARDIAC SURG (21%)	02-GNRL SURGERY (5%)
33310-Exploratory heart surgery	\$52,472	100	0%	0%	13%	33-THORACIC SURG (37%)	78-CARDIAC SURG (28%)	66-RHEUMATOLOGY (12%)
33315-Exploratory heart surgery	\$159,076	276	0%	0%	0%	33-THORACIC SURG (74%)	78-CARDIAC SURG (13%)	02-GNRL SURGERY (4%)
33320-Repair major blood vessel(s)	\$91,905	170	0%	0%	7%	33-THORACIC SURG (31%)	78-CARDIAC SURG (22%)	02-GNRL SURGERY (21%)
33321-Repair major vessel	-	090	-	-	-	(.)	(.)	(.)
33322-Repair major blood vessel(s)	\$131,700	194	0%	0%	0%	33-THORACIC SURG (53%)	78-CARDIAC SURG (23%)	06-CARDIOLOGY (11%)
33330-Insert major vessel graft	\$32,139	41	0%	0%	7%	33-THORACIC SURG (59%)	78-CARDIAC SURG (10%)	02-GNRL SURGERY (7%)
33332-Insert major vessel graft	-	090	-	-	-	(.)	(.)	(.)
33335-Insert major vessel graft	\$113,467	140	0%	0%	1%	33-THORACIC SURG (54%)	78-CARDIAC SURG (21%)	06-CARDIOLOGY (9%)
33350-Repair major blood vessel(s)	\$93,228	291	0%	0%	1%	05-ANESTHESIA (57%)	33-THORACIC SURG (21%)	78-CARDIAC SURG (11%)
33400-Repair of aortic valve	\$508,177	461	0%	0%	1%	33-THORACIC SURG (44%)	78-CARDIAC SURG (19%)	06-CARDIOLOGY (18%)
33404-Prepare heart-aorta conduit	\$21,380	19	0%	0%	0%	33-THORACIC SURG (47%)	02-GNRL SURGERY (26%)	70-GROUP PRAC (16%)
33405-Replacement of aortic valve	\$46,937,746	37,299	42%	46%	0%	33-THORACIC SURG (52%)	78-CARDIAC SURG (24%)	02-GNRL SURGERY (7%)
33406-Replacement, aortic valve	-	090	-	-	-	(.)	(.)	(.)
33411-Replacement of aortic valve	\$474,907	256	0%	0%	0%	33-THORACIC SURG (59%)	78-CARDIAC SURG (23%)	06-CARDIOLOGY (9%)
33412-Replacement of aortic valve	\$23,400	21	0%	0%	0%	33-THORACIC SURG (52%)	78-CARDIAC SURG (19%)	02-GNRL SURGERY (10%)
33413-Replacement, aortic valve	-	090	-	-	-	(.)	(.)	(.)
33415-Revision, subvalvular tissue	\$45,848	370	0%	0%	73%	01,08-GP/FP (29%)	11-INTERNAL MED (26%)	33-THORACIC SURG (14%)
33416-Revise ventricle muscle	\$149,873	183	0%	0%	0%	33-THORACIC SURG (43%)	78-CARDIAC SURG (39%)	06-CARDIOLOGY (4%)

First Specialty

Second Specialty

Third Specialty

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Family AllChgs	PriyPmts	OFFICE	Vol. in	Family Pct. of	First Specialty	Second Specialty	Third Specialty
33518-CABG, artery-vein, two	\$14,071,751	51,930	090	3%	.	0%	0%	0%	33-THORACIC SURG (50%)	78-CARDIAC SURG (24%)	02-GNRL SURGERY (8%)
33519-CABG, artery-vein, three	\$16,898,649	49,161	090	3%	.	0%	0%	0%	33-THORACIC SURG (51%)	78-CARDIAC SURG (24%)	02-GNRL SURGERY (7%)
33521-CABG, artery-vein, four	\$7,573,508	19,432	090	2%	.	0%	0%	0%	33-THORACIC SURG (50%)	78-CARDIAC SURG (24%)	02-GNRL SURGERY (8%)
33522-CABG, artery-vein, five	\$1,997,673	4,426	090	0%	.	0%	0%	0%	33-THORACIC SURG (50%)	78-CARDIAC SURG (24%)	97-PHYS ASSISTANT (8%)
33523-CABG, artery-vein, six+	\$452,316	1,034	090	0%	.	0%	0%	0%	33-THORACIC SURG (54%)	78-CARDIAC SURG (22%)	97-PHYS ASSISTANT (8%)
33530-Coronary artery, bypass/reop	\$14,411,371	30,788	222	3%	1%	0%	0%	0%	33-THORACIC SURG (51%)	78-CARDIAC SURG (26%)	02-GNRL SURGERY (7%)
33533-CABG, arterial, single	\$200,873,344	147,202	090	42%	.	0%	0%	0%	33-THORACIC SURG (50%)	78-CARDIAC SURG (24%)	02-GNRL SURGERY (8%)
33534-CABG, arterial, two	\$14,606,207	9,551	090	3%	.	0%	0%	0%	33-THORACIC SURG (45%)	78-CARDIAC SURG (25%)	06-CARDIOLOGY (11%)
33535-CABG, arterial, three	\$3,251,248	2,083	090	1%	.	0%	0%	0%	33-THORACIC SURG (39%)	78-CARDIAC SURG (25%)	06-CARDIOLOGY (10%)
33536-CABG, arterial, four+	\$1,962,452	1,248	090	0%	.	1%	0%	0%	33-THORACIC SURG (43%)	78-CARDIAC SURG (28%)	02-GNRL SURGERY (9%)

1224-Pediatric Cardiovascular Procedures

Family Medicare Charges: \$1,028,165
 Family Private Payments: .

Percent of CPEP Medicare Charges: 0%
 Percent of CPEP Private Payments: .

33401-Valvuloplasty, open	.	.	090	.	.	.	.	.	(.)	(.)	(.)
33403-Valvuloplasty, w/cp bypass	.	.	090	.	.	.	.	.	(.)	(.)	(.)
33414-Repair, aortic valve	.	.	090	.	.	.	.	.	(.)	(.)	(.)
33468-Revision of tricuspid valve	\$52,695	33	090	5%	.	0%	0%	0%	33-THORACIC SURG (64%)	70-GROUP PRAC (21%)	78-CARDIAC SURG (12%)
33470-Revision of pulmonary valve	\$6,619	4	090	1%	.	0%	0%	0%	78-CARDIAC SURG (50%)	33-THORACIC SURG (25%)	37-PEDIATRICS (25%)
33471-Valvotomy, pulmonary valve	.	.	090	.	.	.	.	.	(.)	(.)	(.)
33472-Revision of pulmonary valve	\$3,361	3	090	0%	.	0%	0%	0%	33-THORACIC SURG (100%)	(.)	(.)
33474-Revision of pulmonary valve	\$4,783	13	090	0%	.	0%	0%	0%	33-THORACIC SURG (54%)	78-CARDIAC SURG (23%)	70-GROUP PRAC (15%)
33476-Revision of heart chamber	\$13,370	5	090	1%	.	0%	0%	0%	33-THORACIC SURG (100%)	(.)	(.)
33478-Revision of heart chamber	\$12,972	11	090	1%	.	0%	0%	0%	33-THORACIC SURG (45%)	06-CARDIOLOGY (27%)	78-CARDIAC SURG (27%)
33500-Repair heart vessel fistula	\$55,581	83	090	5%	.	4%	0%	0%	78-CARDIAC SURG (30%)	33-THORACIC SURG (22%)	02-GNRL SURGERY (19%)
33501-Repair heart vessel fistula	\$29,651	60	090	3%	.	0%	0%	0%	33-THORACIC SURG (33%)	02-GNRL SURGERY (18%)	78-CARDIAC SURG (15%)
33502-Coronary artery correction	\$18,540	45	090	2%	.	0%	0%	0%	33-THORACIC SURG (49%)	78-CARDIAC SURG (22%)	06-CARDIOLOGY (13%)
33503-Coronary artery graft	\$18,039	27	090	2%	.	0%	0%	0%	06-CARDIOLOGY (44%)	33-THORACIC SURG (19%)	78-CARDIAC SURG (11%)
33504-Coronary artery graft	\$19,639	39	090	2%	.	0%	0%	0%	06-CARDIOLOGY (44%)	33-THORACIC SURG (38%)	78-CARDIAC SURG (8%)
33505-Repair artery w/tunnel	.	.	090	.	.	.	.	.	(.)	(.)	(.)
33506-Repair artery, translocation	.	.	090	.	.	.	.	.	(.)	(.)	(.)
33600-Closure of valve	.	.	090	.	.	.	.	.	(.)	(.)	(.)
33602-Closure of valve	.	.	090	.	.	.	.	.	(.)	(.)	(.)
33606-Anastomosis/artery-aorta	.	.	090	.	.	.	.	.	(.)	(.)	(.)
33608-Repair anomaly w/conduit	.	.	090	.	.	.	.	.	(.)	(.)	(.)
33610-Repair by enlargement	.	.	090	.	.	.	.	.	(.)	(.)	(.)
33611-Repair double ventricle	.	.	090	.	.	.	.	.	(.)	(.)	(.)
33612-Repair double ventricle	.	.	090	.	.	.	.	.	(.)	(.)	(.)
33615-Repair (simple fontan)	.	.	090	.	.	.	.	.	(.)	(.)	(.)
33617-Repair by modified fontan	.	.	090	.	.	.	.	.	(.)	(.)	(.)
33619-Repair single ventricle	.	.	090	.	.	.	.	.	(.)	(.)	(.)
33645-Revision of heart veins	\$42,613	59	090	4%	.	5%	0%	0%	33-THORACIC SURG (49%)	78-CARDIAC SURG (22%)	06-CARDIOLOGY (14%)
33647-Repair heart septum defects	\$35,424	23	090	3%	.	4%	0%	0%	33-THORACIC SURG (48%)	78-CARDIAC SURG (17%)	02-GNRL SURGERY (13%)
33660-Repair of heart defects	\$19,038	20	090	2%	.	10%	0%	0%	78-CARDIAC SURG (30%)	33-THORACIC SURG (20%)	01,08-GP/FP (15%)
33665-Repair of heart defects	\$29,155	11	090	3%	.	0%	0%	0%	33-THORACIC SURG (55%)	78-CARDIAC SURG (36%)	06-CARDIOLOGY (9%)
33670-Repair of heart chambers	\$16,793	10	090	2%	.	20%	0%	0%	01,08-GP/FP (20%)	34-UROLOGY (20%)	78-CARDIAC SURG (20%)
33681-Repair heart septum defect	\$500,761	356	090	49%	.	0%	0%	0%	33-THORACIC SURG (51%)	78-CARDIAC SURG (27%)	02-GNRL SURGERY (6%)
33684-Repair heart septum defect	\$9,174	5	090	1%	.	0%	0%	0%	33-THORACIC SURG (40%)	78-CARDIAC SURG (40%)	97-PHYS ASSISTANT (20%)
33688-Repair heart septum defect	.	.	090	.	.	.	.	.	(.)	(.)	(.)
33690-Reinforce pulmonary artery	\$2,491	4	090	0%	.	25%	0%	0%	33-THORACIC SURG (50%)	01,08-GP/FP (25%)	02-GNRL SURGERY (25%)
33692-Repair of heart defects	\$5,948	2	090	1%	.	0%	0%	0%	33-THORACIC SURG (100%)	(.)	(.)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllidChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
33694-Repair of heart defects	\$8,425	3	090	1%	.	0%	02-GNRL SURGERY (33%)	33-THORACIC SURG (33%)	78-CARDIAC SURG (33%)
33696-Repair of heart defects	.	.	090	.	.	.	(.)	(.)	(.)
33697-Repair of heart defects	.	.	090	.	.	.	(.)	(.)	(.)
33698-Repair of heart defects	.	.	090	.	.	.	(.)	(.)	(.)
33730-Repair heart-vein defect(s)	\$6,988	8	090	1%	.	0%	02-GNRL SURGERY (63%)	33-THORACIC SURG (25%)	78-CARDIAC SURG (13%)
33732-Repair heart-vein defect	.	.	090	.	.	.	(.)	(.)	(.)
33735-Revision of heart chamber	\$1,250	1	090	0%	.	0%	78-CARDIAC SURG (100%)	(.)	(.)
33736-Revision of heart chamber	.	.	090	.	.	.	(.)	(.)	(.)
33737-Revision of heart chamber	\$11,630	10	090	1%	.	0%	02-GNRL SURGERY (90%)	33-THORACIC SURG (10%)	(.)
33750-Major vessel shunt	\$19,775	25	090	2%	.	0%	06-CARDIOLOGY (32%)	11-INTERNAL MED (32%)	33-THORACIC SURG (12%)
33755-Major vessel shunt	.	.	090	.	.	.	(.)	(.)	(.)
33762-Major vessel shunt	.	.	090	.	.	.	(.)	(.)	(.)
33764-Major vessel shunt & graft	\$6,068	6	090	1%	.	0%	02-GNRL SURGERY (50%)	06-CARDIOLOGY (50%)	(.)
33766-Major vessel shunt	\$12,784	12	090	1%	.	8%	02-GNRL SURGERY (25%)	33-THORACIC SURG (25%)	78-CARDIAC SURG (17%)
33767-Atrial septectomy/septostomy	.	.	090	.	.	.	(.)	(.)	(.)
33770-Repair great vessels defect	.	.	090	.	.	.	(.)	(.)	(.)
33771-Repair great vessels defect	\$1,840	.	090	0%	.	0%	05-ANESTHESIA (100%)	(.)	(.)
33774-Repair great vessels defect	.	.	090	.	.	.	(.)	(.)	(.)
33775-Repair great vessels defect	.	.	090	.	.	.	(.)	(.)	(.)
33776-Repair great vessels defect	.	.	090	.	.	.	(.)	(.)	(.)
33777-Repair great vessels defect	.	.	090	.	.	.	(.)	(.)	(.)
33778-Repair great vessels defect	\$106	1	090	0%	.	0%	77-VASCULAR SURG (100%)	(.)	(.)
33779-Repair great vessels defect	\$948	2	090	0%	.	0%	02-GNRL SURGERY (100%)	(.)	(.)
33780-Repair great vessels defect	\$274	1	090	0%	.	0%	05-ANESTHESIA (100%)	(.)	(.)
33781-Repair great vessels defect	.	.	090	.	.	.	(.)	(.)	(.)
33786-Repair arterial trunk	\$2,290	1	090	0%	.	0%	06-CARDIOLOGY (100%)	(.)	(.)
33788-Revision of pulmonary artery	\$152	1	090	0%	.	0%	02-GNRL SURGERY (100%)	(.)	(.)
33800-Aortic suspension	\$1,880	3	090	0%	.	0%	02-GNRL SURGERY (33%)	33-THORACIC SURG (33%)	39-NEPHROLOGY (33%)
33802-Repair vessel defect	\$2,770	5	090	0%	.	0%	33-THORACIC SURG (40%)	78-CARDIAC SURG (40%)	97-PHYS ASSISTANT (20%)
33803-Repair vessel defect	\$3,528	3	090	0%	.	33%	78-CARDIAC SURG (67%)	01-08-GP/FP (33%)	(.)
33813-Repair septal defect	\$1,297	3	090	0%	.	0%	06-CARDIOLOGY (33%)	33-THORACIC SURG (33%)	78-CARDIAC SURG (33%)
33814-Repair septal defect	\$11,418	8	090	1%	.	0%	33-THORACIC SURG (38%)	78-CARDIAC SURG (38%)	70-GROUP PRAC (13%)
33820-Revise major vessel	\$18,030	17	090	2%	.	12%	78-CARDIAC SURG (47%)	33-THORACIC SURG (35%)	02-GNRL SURGERY (6%)
33822-Revise major vessel	\$1,058	1	090	0%	.	0%	33-THORACIC SURG (100%)	(.)	(.)
33840-Remove aorta constriction	\$9,599	11	090	1%	.	9%	78-CARDIAC SURG (55%)	06-CARDIOLOGY (18%)	03-ALLERGY/IMMUN (9%)
33845-Remove aorta constriction	\$3,675	3	090	0%	.	0%	06-CARDIOLOGY (67%)	78-CARDIAC SURG (33%)	(.)
33851-Remove aorta constriction	\$2,674	2	090	0%	.	0%	06-OTO-LARYNG (50%)	46-ENDOCRINOLOGY (50%)	(.)
33852-Repair septal defect	\$3,059	4	090	0%	.	0%	33-THORACIC SURG (50%)	48-PODIATRY (25%)	(.)
33853-Repair septal defect	.	.	090	.	.	.	(.)	(.)	(.)
33917-Repair pulmonary artery	.	.	090	.	.	.	(.)	(.)	(.)
33918-Repair pulmonary atresia	.	.	090	.	.	.	(.)	(.)	(.)
33919-Repair pulmonary atresia	.	.	090	.	.	.	(.)	(.)	(.)
33920-Repair pulmonary atresia	.	.	090	.	.	.	(.)	(.)	(.)
33922-Transsect pulmonary artery	.	.	090	.	.	.	(.)	(.)	(.)

1228-Major Procedure - Respiratory
Family Medicare Charges: \$61,269,966
Family Private Payments: \$1,904,950
Percent of CPEP Medicare Charges: 5%
Percent of CPEP Private Payments: 8%

19260-Removal of chest wall lesion
19271-Revision of chest wall
19272-Extensive chest wall surgery

5% 02-GNRL SURGERY (53%) 33-THORACIC SURG (20%) 49-ASC (6%)
1% 02-GNRL SURGERY (44%) 33-THORACIC SURG (28%) 24-PLASTIC SURG (8%)
5% 02-GNRL SURGERY (45%) 33-THORACIC SURG (24%) 70-GROUP PRAC (16%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Vol/ume)		
							First Specialty	Second Specialty	Third Specialty
21502-Drain chest lesion	\$9,344	31	090	0%	.	16%	33-THORACIC SURG (35%)	02-GNRL SURGERY (26%)	11-INTERNAL MED (13%)
21510-Drainage of bone lesion	\$21,244	85	090	0%	.	12%	33-THORACIC SURG (29%)	02-GNRL SURGERY (16%)	24-PLASTIC SURG (9%)
21557-Remove tumor, neck or chest	\$690,199	1,335	090	1%	.	5%	02-GNRL SURGERY (34%)	04-OTOLARYNG (33%)	24-PLASTIC SURG (13%)
21600-Partial removal of rib	\$223,958	810	090	0%	.	3%	33-THORACIC SURG (36%)	02-GNRL SURGERY (30%)	24-PLASTIC SURG (10%)
21615-Removal of rib	\$68,805	147	090	0%	4%	1%	33-THORACIC SURG (37%)	02-GNRL SURGERY (32%)	77-VASCULAR SURG (7%)
21616-Removal of rib and nerves	\$810	2	090	0%	.	0%	02-GNRL SURGERY (50%)	11-INTERNAL MED (50%)	(.)
21620-Partial removal of sternum	\$107,549	367	090	0%	.	2%	24-PLASTIC SURG (31%)	33-THORACIC SURG (27%)	02-GNRL SURGERY (20%)
21627-Sternal debridement	\$669,837	1,991	090	1%	.	1%	33-THORACIC SURG (39%)	24-PLASTIC SURG (24%)	78-CARDIAC SURG (20%)
21630-Extensive sternum surgery	\$39,947	63	090	0%	.	5%	33-THORACIC SURG (29%)	02-GNRL SURGERY (27%)	78-CARDIAC SURG (14%)
21632-Extensive sternum surgery	\$44,101	84	090	0%	.	1%	33-THORACIC SURG (65%)	02-GNRL SURGERY (13%)	78-CARDIAC SURG (8%)
21705-Revision of neck muscle/rib	\$3,284	11	090	0%	.	0%	02-GNRL SURGERY (45%)	33-THORACIC SURG (27%)	14-NEUROSURGERY (9%)
21740-Reconstruction of sternum	\$20,278	33	090	0%	.	3%	33-THORACIC SURG (42%)	06-CARDIOLOGY (18%)	78-CARDIAC SURG (12%)
21750-Repair of sternum separation	\$668,904	1,645	090	1%	.	1%	33-THORACIC SURG (48%)	78-CARDIAC SURG (26%)	06-CARDIOLOGY (6%)
21810-Treatment of rib fracture(s)	\$5,368	31	090	0%	.	58%	01-08-GP/FP (42%)	02-GNRL SURGERY (26%)	70-GROUP PRAC (13%)
31725-Clearance of airways	\$48,232	534	000	0%	.	10%	29-PULMONARY DIS (30%)	92-RAD ONCOLOGY (26%)	05-ANESTHESIA (16%)
31760-Repair of windpipe	\$8,035	29	090	0%	.	66%	01-08-GP/FP (48%)	11-INTERNAL MED (10%)	02-GNRL SURGERY (7%)
31766-Reconstruction of windpipe	\$23,901	18	090	0%	.	0%	33-THORACIC SURG (67%)	04-OTOLARYNG (17%)	02-GNRL SURGERY (11%)
31770-Repair/graft of bronchus	\$13,592	20	090	0%	.	0%	33-THORACIC SURG (55%)	02-GNRL SURGERY (20%)	78-CARDIAC SURG (15%)
31775-Reconstruct bronchus	\$7,184	9	090	0%	.	0%	33-THORACIC SURG (44%)	70-GROUP PRAC (22%)	01-08-GP/FP (11%)
31780-Reconstruct windpipe	\$74,464	75	090	0%	.	0%	04-OTOLARYNG (67%)	33-THORACIC SURG (12%)	78-CARDIAC SURG (9%)
31781-Reconstruct windpipe	\$33,421	15	090	0%	.	0%	33-THORACIC SURG (53%)	04-OTOLARYNG (33%)	02-GNRL SURGERY (7%)
31785-Remove windpipe lesion	\$55,601	88	090	0%	.	3%	04-OTOLARYNG (66%)	02-GNRL SURGERY (14%)	33-THORACIC SURG (8%)
31786-Remove windpipe lesion	\$33,643	39	090	0%	.	0%	04-OTOLARYNG (33%)	33-THORACIC SURG (23%)	02-GNRL SURGERY (18%)
31800-Repair of windpipe injury	\$17,457	54	090	0%	.	2%	02-GNRL SURGERY (46%)	04-OTOLARYNG (26%)	33-THORACIC SURG (9%)
31805-Repair of windpipe injury	\$4,687	18	090	0%	.	0%	02-GNRL SURGERY (44%)	33-THORACIC SURG (22%)	06-CARDIOLOGY (11%)
32005-Treat lung lining chemically	\$1,002,644	9,753	000	2%	1%	1%	29-PULMONARY DIS (33%)	33-THORACIC SURG (30%)	02-GNRL SURGERY (17%)
32035-Exploration of chest	\$185,892	585	090	0%	.	0%	33-THORACIC SURG (36%)	05-ANESTHESIA (25%)	02-GNRL SURGERY (24%)
32036-Exploration of chest	\$182,368	381	090	0%	.	1%	33-THORACIC SURG (58%)	02-GNRL SURGERY (20%)	78-CARDIAC SURG (9%)
32095-Biopsy through chest wall	\$2,456,034	4,536	090	4%	4%	4%	33-THORACIC SURG (46%)	02-GNRL SURGERY (26%)	78-CARDIAC SURG (12%)
32100-Exploration/biopsy of chest	\$4,720,900	7,762	090	8%	10%	1%	33-THORACIC SURG (44%)	02-GNRL SURGERY (28%)	78-CARDIAC SURG (9%)
32110-Explore/repair chest	\$431,642	686	090	1%	.	0%	33-THORACIC SURG (37%)	02-GNRL SURGERY (37%)	78-CARDIAC SURG (13%)
32120-Re-exploration of chest	\$467,008	944	090	1%	.	1%	33-THORACIC SURG (58%)	02-GNRL SURGERY (16%)	78-CARDIAC SURG (9%)
32124-Explore chest, free adhesions	\$211,098	394	090	0%	.	0%	33-THORACIC SURG (46%)	02-GNRL SURGERY (30%)	78-CARDIAC SURG (7%)
32140-Removal of lung lesion(s)	\$138,642	215	090	0%	.	1%	33-THORACIC SURG (43%)	02-GNRL SURGERY (33%)	78-CARDIAC SURG (10%)
32141-Remove/treat lung lesions	\$1,274,324	2,078	090	2%	3%	0%	33-THORACIC SURG (62%)	02-GNRL SURGERY (20%)	78-CARDIAC SURG (9%)
32150-Removal of lung lesion(s)	\$115,388	230	090	0%	.	5%	33-THORACIC SURG (48%)	02-GNRL SURGERY (26%)	78-CARDIAC SURG (10%)
32151-Remove lung foreign body	\$23,146	55	090	0%	.	0%	33-THORACIC SURG (47%)	02-GNRL SURGERY (35%)	06-CARDIOLOGY (5%)
32160-Open chest heart massage	\$192,806	435	090	0%	.	0%	02-GNRL SURGERY (28%)	33-THORACIC SURG (26%)	78-CARDIAC SURG (12%)
32200-Drainage of lung lesion	\$65,469	128	090	0%	.	0%	30-RADIOLOGY (45%)	02-GNRL SURGERY (22%)	33-THORACIC SURG (10%)
32215-Treat chest lining	\$312,975	672	090	1%	.	0%	33-THORACIC SURG (38%)	02-GNRL SURGERY (28%)	78-CARDIAC SURG (19%)
32220-Release of lung	\$1,792,425	1,895	090	3%	3%	0%	33-THORACIC SURG (55%)	02-GNRL SURGERY (19%)	78-CARDIAC SURG (12%)
32225-Partial release of lung	\$452,952	674	090	1%	.	0%	33-THORACIC SURG (42%)	02-GNRL SURGERY (28%)	78-CARDIAC SURG (16%)
32310-Removal of chest lining	\$331,234	550	090	1%	.	1%	33-THORACIC SURG (59%)	02-GNRL SURGERY (22%)	78-CARDIAC SURG (10%)
32320-Free/remove chest lining	\$1,215,550	1,117	090	2%	.	0%	33-THORACIC SURG (51%)	02-GNRL SURGERY (27%)	78-CARDIAC SURG (7%)
32402-Open biopsy chest lining	\$370,994	682	090	1%	.	1%	33-THORACIC SURG (51%)	02-GNRL SURGERY (23%)	78-CARDIAC SURG (10%)
32440-Removal of lung	\$3,520,801	3,477	090	6%	11%	1%	33-THORACIC SURG (45%)	02-GNRL SURGERY (29%)	78-CARDIAC SURG (12%)
32442-Sleeve pneumonectomy			090	.	.	.	(.)	(.)	(.)
32445-Removal of lung	\$147,915	122	090	0%	.	0%	33-THORACIC SURG (52%)	02-GNRL SURGERY (25%)	78-CARDIAC SURG (8%)
32480-Partial removal of lung	\$24,401,121	26,124	090	40%	39%	0%	33-THORACIC SURG (47%)	02-GNRL SURGERY (30%)	78-CARDIAC SURG (10%)
32482-Bilobectomy			090	.	.	.	(.)	(.)	(.)
32484-Segmentectomy			090	.	.	.	(.)	(.)	(.)
32485-Partial removal of lung	\$338,395	272	090	1%	.	0%	33-THORACIC SURG (43%)	02-GNRL SURGERY (32%)	78-CARDIAC SURG (9%)

CPEP 13 - CARDIOLOGY

1300-Placement of Transvenous Catheters

Family Medicare Charges: \$49,134,219
Family Private Payments: \$1,128,137

36488-Insertion of catheter, vein	7,172	000	1%	4%	3%	05-ANESTHESIA (29%)	02-GNRL SURGERY (23%)	11-INTERNAL MED (9%)
36489-Insertion of catheter, vein	484,715	000	84%	55%	1%	05-ANESTHESIA (34%)	02-GNRL SURGERY (25%)	11-INTERNAL MED (7%)
36490-Insertion of catheter, vein	\$57,273	000	0%	4%	1%	05-ANESTHESIA (45%)	02-GNRL SURGERY (22%)	01,08-GP/FP (12%)
36491-Insertion of catheter, vein	\$6,858,029	50,615	14%	36%	1%	02-GNRL SURGERY (46%)	33-THORACIC SURG (8%)	05-ANESTHESIA (20%)
36493-Repositioning of cvc	\$111,214	1,973	0%	0%	3%	30-RADIOLOGY (57%)	02-GNRL SURGERY (17%)	70-GROUP PRAC (6%)
36500-Insertion of catheter, vein	\$248,712	4,458	1%	0%	37%	30-RADIOLOGY (39%)	83-HEMATOL/ONCOL (14%)	06-CARDIOLOGY (11%)

1304-Diagnostic Cardiac Catheterization

Family Medicare Charges:\$103,424,815
Family Private Payments: \$2,242,539

76932-Echo guide for heart biopsy	\$5,331	130	0%	0%	19%	30-RADIOLOGY (72%)	34-UROLOGY (17%)	01,08-GP/FP (4%)
93501-Right heart catheterization	\$9,743,609	40,795	9%	13%	1%	06-CARDIOLOGY (74%)	11-INTERNAL MED (9%)	05-ANESTHESIA (5%)
93503-Insert/place heart catheter	\$63,623,376	354,786	62%	38%	0%	05-ANESTHESIA (60%)	06-CARDIOLOGY (18%)	11-INTERNAL MED (6%)
93505-Biopsy of heart lining	\$3,232,617	14,945	3%	13%	4%	06-CARDIOLOGY (74%)	11-INTERNAL MED (9%)	33-THORACIC SURG (7%)
93510-Left heart catheterization	\$4,524,378	15,748	4%	7%	1%	06-CARDIOLOGY (82%)	11-INTERNAL MED (8%)	70-GROUP PRAC (7%)
93511-Left heart catheterization	\$136,779	669	0%	0%	1%	06-CARDIOLOGY (86%)	11-INTERNAL MED (8%)	70-GROUP PRAC (3%)
93514-Left heart catheterization	\$20,668	64	0%	0%	11%	06-CARDIOLOGY (72%)	11-INTERNAL MED (17%)	01,08-GP/FP (9%)
93524-Left heart catheterization	\$77,168	254	0%	0%	0%	06-CARDIOLOGY (93%)	11-INTERNAL MED (4%)	70-GROUP PRAC (3%)
93526-Rt & Lt heart catheters	\$7,175,124	5,988	3%	7%	1%	06-CARDIOLOGY (83%)	70-GROUP PRAC (9%)	11-INTERNAL MED (7%)
93527-Rt & Lt heart catheters	\$239,762	474	0%	0%	3%	06-CARDIOLOGY (90%)	70-GROUP PRAC (5%)	11-INTERNAL MED (4%)
93528-Rt & Lt heart catheters	\$13,439	31	0%	0%	0%	06-CARDIOLOGY (81%)	70-GROUP PRAC (13%)	11-INTERNAL MED (3%)
93529-Rt, Lt heart catheterization	\$36,086	97	0%	0%	1%	06-CARDIOLOGY (89%)	11-INTERNAL MED (5%)	37-PEDIATRICS (3%)
93536-Insert circulation assist	\$7,893,586	18,420	8%	7%	0%	06-CARDIOLOGY (76%)	33-THORACIC SURG (8%)	11-INTERNAL MED (7%)
93539-Injection, cardiac cath			0%	0%	0%	(.)	(.)	(.)
93540-Injection, cardiac cath			0%	0%	0%	(.)	(.)	(.)
93541-Injection for lung angiogram	\$323,317	2,150	0%	1%	1%	06-CARDIOLOGY (78%)	30-RADIOLOGY (8%)	11-INTERNAL MED (6%)
93542-Injection for heart x-rays	\$67,005	497	0%	1%	1%	06-CARDIOLOGY (75%)	70-GROUP PRAC (14%)	11-INTERNAL MED (4%)
93543-Injection for heart x-rays	\$840,896	6,320	1%	2%	1%	06-CARDIOLOGY (79%)	70-GROUP PRAC (12%)	11-INTERNAL MED (7%)
93544-Injection for aortography	\$1,254,423	10,289	0%	2%	1%	06-CARDIOLOGY (81%)	11-INTERNAL MED (6%)	30-RADIOLOGY (5%)
93545-Injection for coronary x-rays	\$6,556,334	31,070	6%	7%	1%	06-CARDIOLOGY (88%)	11-INTERNAL MED (7%)	70-GROUP PRAC (5%)
93555-Imaging, cardiac cath			0%	0%	0%	(.)	(.)	(.)
93556-Imaging, cardiac cath			0%	0%	0%	(.)	(.)	(.)
93561-Cardiac output measurement	\$1,046,563	17,730	1%	1%	1%	05-ANESTHESIA (34%)	06-CARDIOLOGY (26%)	81-CRITICAL CARE (10%)
93562-Cardiac output measurement	\$1,016,354	30,519	1%	0%	1%	06-CARDIOLOGY (33%)	11-INTERNAL MED (15%)	05-ANESTHESIA (14%)

1308-Coronary Angioplasty

Family Medicare Charges:\$222,390,556
Family Private Payments: \$7,221,184

92970-Cardioassist, internal	\$67,029	325	0%	0%	5%	06-CARDIOLOGY (56%)	11-INTERNAL MED (10%)	01,08-GP/FP (7%)
92971-Cardioassist, external	\$9,903	137	0%	0%	1%	06-CARDIOLOGY (50%)	11-INTERNAL MED (15%)	01,08-GP/FP (9%)
92975-Dissolve clot, heart vessel	\$1,394,124	4,929	1%	1%	0%	06-CARDIOLOGY (88%)	11-INTERNAL MED (7%)	70-GROUP PRAC (2%)
92977-Dissolve clot, heart vessel	\$773,026	3,539	0%	2%	3%	06-CARDIOLOGY (50%)	93-EMERGENCY MED (18%)	11-INTERNAL MED (14%)
92980-Insert intracoronary stent			0%	0%	0%	(.)	(.)	(.)
92981-Insert intracoronary stent			0%	0%	0%	(.)	(.)	(.)
92982-Coronary artery dilation	\$194,741,093	169,521	88%	93%	0%	06-CARDIOLOGY (88%)	11-INTERNAL MED (7%)	70-GROUP PRAC (4%)
92984-Coronary artery dilation	\$10,681,224	28,313	5%	4%	0%	06-CARDIOLOGY (90%)	11-INTERNAL MED (6%)	70-GROUP PRAC (3%)

Procedure

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)			
							First Specialty	Second Specialty	Third Specialty	
92986-Revision of aortic valve	\$688,314	690	090	0%	-	0%	06-CARDIOLOGY (85%)	70-GROUP PRAC (7%)	11-INTERNAL MED (6%)	
92990-Revision of pulmonary valve	\$28,964	39	090	0%	-	13%	06-CARDIOLOGY (59%)	70-GROUP PRAC (15%)	01-OB-GP/FP (10%)	
92992-Revision of heart chamber	-	-	090	-	-	-	(.)	(.)	(.)	
92993-Revision of heart chamber	-	-	090	-	-	-	(.)	(.)	(.)	
92995-Coronary atherectomy	\$13,771,329	12,489	000	6%	-	0%	06-CARDIOLOGY (87%)	11-INTERNAL MED (6%)	70-GROUP PRAC (4%)	
92996-Coronary atherectomy	\$235,550	820	ZZZ	0%	-	1%	06-CARDIOLOGY (91%)	11-INTERNAL MED (6%)	70-GROUP PRAC (3%)	
1312-Angioplasty and Transcatheter Procedures, other than Coronary										
Family Medicare Charges: \$65,222,470 Percent of CPEP Medicare Charges: 3%										
Family Private Payments: \$250,494 Percent of CPEP Private Payments: 1%										
35450-Repair arterial blockage	\$72,405	144	000	0%	-	1%	02-GNRL SURGERY (34%)	30-RADIOLOGY (17%)	33-THORACIC SURG (15%)	
35452-Repair arterial blockage	\$18,075	59	000	0%	-	0%	02-GNRL SURGERY (34%)	33-THORACIC SURG (24%)	77-VASCULAR SURG (15%)	
35454-Repair arterial blockage	\$1,058,055	2,439	000	2%	15%	0%	02-GNRL SURGERY (33%)	77-VASCULAR SURG (23%)	33-THORACIC SURG (23%)	
35456-Repair arterial blockage	\$2,382,887	3,671	000	4%	18%	0%	02-GNRL SURGERY (37%)	33-THORACIC SURG (24%)	77-VASCULAR SURG (20%)	
35458-Repair arterial blockage	\$206,593	370	000	0%	-	2%	02-GNRL SURGERY (40%)	33-THORACIC SURG (29%)	77-VASCULAR SURG (19%)	
35459-Repair arterial blockage	\$187,954	626	000	0%	-	0%	02-GNRL SURGERY (39%)	33-THORACIC SURG (24%)	77-VASCULAR SURG (20%)	
35460-Repair venous blockage	\$119,063	639	000	0%	-	1%	02-GNRL SURGERY (53%)	33-THORACIC SURG (22%)	77-VASCULAR SURG (9%)	
35470-Repair arterial blockage	\$1,894,918	3,557	000	3%	-	1%	30-RADIOLOGY (55%)	06-CARDIOLOGY (25%)	94-INTERVEN RAD (4%)	
35471-Repair arterial blockage	\$3,249,827	4,581	000	5%	-	1%	30-RADIOLOGY (65%)	06-CARDIOLOGY (22%)	94-INTERVEN RAD (5%)	
35472-Repair arterial blockage	\$65,752	120	000	0%	-	0%	30-RADIOLOGY (46%)	06-CARDIOLOGY (28%)	33-THORACIC SURG (5%)	
35473-Repair arterial blockage	\$7,655,942	12,495	000	12%	-	1%	30-RADIOLOGY (68%)	06-CARDIOLOGY (14%)	94-INTERVEN RAD (4%)	
35474-Repair arterial blockage	\$13,194,074	17,847	000	20%	-	1%	30-RADIOLOGY (60%)	06-CARDIOLOGY (19%)	94-INTERVEN RAD (4%)	
35475-Repair arterial blockage	\$1,642,222	2,361	000	3%	-	0%	30-RADIOLOGY (69%)	06-CARDIOLOGY (10%)	39-NEPHROLOGY (7%)	
35476-Repair venous blockage	\$2,414,632	10,967	000	4%	-	0%	30-RADIOLOGY (83%)	94-INTERVEN RAD (5%)	70-GROUP PRAC (4%)	
35480-Atherectomy, open	\$8,145	16	000	0%	-	0%	06-CARDIOLOGY (44%)	70-GROUP PRAC (19%)	02-GNRL SURGERY (13%)	
35481-Atherectomy, open	\$5,871	24	000	0%	-	0%	33-THORACIC SURG (58%)	02-GNRL SURGERY (21%)	06-CARDIOLOGY (13%)	
35482-Atherectomy, open	\$22,290	56	000	0%	-	0%	33-THORACIC SURG (32%)	77-VASCULAR SURG (32%)	02-GNRL SURGERY (18%)	
35483-Atherectomy, open	\$307,023	455	000	0%	-	0%	02-GNRL SURGERY (29%)	77-VASCULAR SURG (29%)	33-THORACIC SURG (24%)	
35484-Atherectomy, open	\$12,066	19	000	0%	-	0%	06-CARDIOLOGY (37%)	02-GNRL SURGERY (26%)	70-GROUP PRAC (16%)	
35485-Atherectomy, open	\$16,271	63	000	0%	-	0%	77-VASCULAR SURG (40%)	02-GNRL SURGERY (24%)	33-THORACIC SURG (24%)	
35490-Atherectomy, percutaneous	\$30,045	43	000	0%	-	0%	06-CARDIOLOGY (51%)	30-RADIOLOGY (37%)	94-INTERVEN RAD (5%)	
35491-Atherectomy, percutaneous	\$11,509	33	000	0%	-	0%	06-CARDIOLOGY (58%)	02-GNRL SURGERY (27%)	30-RADIOLOGY (6%)	
35492-Atherectomy, percutaneous	\$32,592	51	000	0%	-	0%	06-CARDIOLOGY (39%)	30-RADIOLOGY (35%)	02-GNRL SURGERY (14%)	
35493-Atherectomy, percutaneous	\$445,813	721	000	1%	-	0%	06-CARDIOLOGY (44%)	30-RADIOLOGY (24%)	77-VASCULAR SURG (7%)	
35494-Atherectomy, percutaneous	\$25,625	37	000	0%	-	0%	30-RADIOLOGY (46%)	06-CARDIOLOGY (38%)	94-INTERVEN RAD (8%)	
35495-Atherectomy, percutaneous	\$63,141	267	000	0%	-	0%	06-CARDIOLOGY (51%)	78-CARDIAC SURG (15%)	11-INTERNAL MED (9%)	
37200-Transcatheter biopsy	\$63,142	489	000	0%	-	2%	30-RADIOLOGY (49%)	06-CARDIOLOGY (35%)	70-GROUP PRAC (5%)	
37201-Transcatheter therapy infuse	\$6,085,348	17,451	000	9%	-	0%	30-RADIOLOGY (77%)	94-INTERVEN RAD (4%)	06-CARDIOLOGY (4%)	
37202-Transcatheter therapy infuse	\$830,583	3,373	000	1%	-	1%	30-RADIOLOGY (46%)	06-CARDIOLOGY (34%)	11-INTERNAL MED (5%)	
37204-Transcatheter occlusion	\$3,008,459	3,111	000	5%	-	0%	30-RADIOLOGY (85%)	70-GROUP PRAC (7%)	94-INTERVEN RAD (6%)	
37205-Transcatheter stent	\$1,220,583	4,193	000	2%	-	1%	30-RADIOLOGY (51%)	06-CARDIOLOGY (23%)	94-INTERVEN RAD (5%)	
37206-Transcatheter stent	\$196,417	944	ZZZ	0%	-	1%	30-RADIOLOGY (51%)	06-CARDIOLOGY (21%)	33-THORACIC SURG (7%)	
37207-Transcatheter stent	\$85,905	480	000	0%	-	2%	02-GNRL SURGERY (25%)	33-THORACIC SURG (20%)	77-VASCULAR SURG (19%)	
37208-Exchange arterial catheter	\$16,767	91	ZZZ	0%	-	1%	77-VASCULAR SURG (26%)	02-GNRL SURGERY (23%)	33-THORACIC SURG (19%)	
37209-Exchange arterial catheter	-	-	000	-	-	-	(.)	(.)	(.)	
37620-Revision of major vein	\$13,329,810	17,742	090	20%	57%	0%	30-RADIOLOGY (40%)	02-GNRL SURGERY (25%)	77-VASCULAR SURG (11%)	
61624-Occlusion/embolization cath	\$662,208	615	000	1%	-	0%	30-RADIOLOGY (69%)	14-NEUROSURGERY (17%)	94-INTERVEN RAD (6%)	
61626-Occlusion/embolization cath	\$390,942	448	000	1%	-	1%	30-RADIOLOGY (79%)	94-INTERVEN RAD (7%)	70-GROUP PRAC (6%)	
75894-Xrays, transcatheter therapy	\$326,839	4,458	XXX	1%	-	0%	70-GROUP PRAC (6%)	70-GROUP PRAC (6%)	94-INTERVEN RAD (6%)	
75896-Xrays, transcatheter therapy	\$1,253,005	17,629	XXX	2%	-	0%	30-RADIOLOGY (84%)	94-INTERVEN RAD (4%)	70-GROUP PRAC (4%)	
75900-Arterial catheter exchange	-	-	XXX	-	-	-	(.)	(.)	(.)	

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllDChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty

75940-X-ray placement, vein filter
 75960-Transcatheter intro, stent
 75962-Repair arterial blockage
 75964-Repair artery blockage, each
 75966-Repair arterial blockage
 75968-Repair artery blockage, each
 75970-Vascular biopsy
 75978-Repair venous blockage
 75992-Atherectomy, x-ray exam
 75993-Atherectomy, x-ray exam
 75994-Atherectomy, x-ray exam
 75995-Atherectomy, x-ray exam
 75996-Atherectomy, x-ray exam

94-INTERVEN RAD (5%)
 94-INTERVEN RAD (6%)
 94-INTERVEN RAD (4%)
 94-INTERVEN RAD (4%)
 94-INTERVEN RAD (10%)
 94-INTERVEN RAD (7%)
 94-INTERVEN RAD (5%)
 06-CARDIOLOGY (3%)
 78-CARDIAC SURG (6%)
 77-VASCULAR SURG (2%)
 77-VASCULAR SURG (7%)
 06-CARDIOLOGY (10%)
 (-)

1316-Resuscitation and Cardioversion
 Family Medicare Charges: \$4,771,259
 Family Private Payments: \$601,581

31500-Insert emergency airway
 92950-Heart/lung resuscitation(cpr
 92953-Temporary external pacing
 92960-Heart electroconversion

70-GROUP PRAC (5%)
 06-CARDIOLOGY (20%)
 06-CARDIOLOGY (12%)
 06-CARDIOLOGY (19%)
 06-CARDIOLOGY (19%)
 06-CARDIOLOGY (25%)
 06-CARDIOLOGY (22%)
 94-INTERVEN RAD (6%)
 06-CARDIOLOGY (35%)
 06-CARDIOLOGY (25%)
 06-CARDIOLOGY (29%)
 30-RADIOLOGY (30%)
 70-GROUP PRAC (4%)
 (-)

Percent of CPEP Medicare Charges: 2%
 Percent of CPEP Private Payments: 1%

\$20,196,478
 \$16,059,882
 \$216,434
 \$11,298,465

1320-Pacemaker Insertion

Family Medicare Charges: \$108,112,019
 Family Private Payments: \$1,095,114

33200-Insertion of heart pacemaker
 33201-Insertion of heart pacemaker
 33206-Insertion of heart pacemaker
 33207-Insertion of heart pacemaker
 33208-Insertion of heart pacemaker
 33210-Insertion of heart electrode
 33211-Insertion of heart electrode
 33212-Insertion of pulse generator
 33216-Upgrade of pacemaker system
 33216-Revision implanted electrode
 33217-Insert/revise electrode
 33218-Repair pacemaker electrodes
 33220-Repair pacemaker electrode
 33222-Pacemaker aicd pocket
 33223-Pacemaker aicd pocket
 33233-Removal of pacemaker system
 33234-Removal of pacemaker system
 33235-Removal pacemaker electrode
 33236-Remove electrode/thoracotomy
 33237-Remove electrode/thoracotomy
 33238-Remove electrode/thoracotomy
 33240-Insert/replace pulse gener
 33241-Remove pulse generator only
 33242-Repair pulse generator/leads

05-ANESTHESIA (31%)
 93-EMERGENCY MED (22%)
 01-OB-GP/FP (22%)
 06-CARDIOLOGY (20%)
 93-EMERGENCY MED (13%)
 29-PULMONARY DIS (12%)
 11-INTERNAL MED (15%)
 01-OB-GP/FP (15%)
 11-INTERNAL MED (12%)
 (-)

Percent of CPEP Medicare Charges: 5%
 Percent of CPEP Private Payments: 2%

\$764,946
 \$141,693
 \$2,967,288
 \$28,954,860
 \$42,653,777
 \$10,399,821
 \$9,984,217
 \$2,437,712
 \$364,370
 \$677,701

76826-Echo exam of fetal heart	\$1,976	25	XXX	0%	52%	16-OB-GYNECOLOGY (40%)	30-RADIOLOGY (28%)	34-UROLOGY (12%)
76827-Echo exam of fetal heart	\$5,887	89	XXX	0%	39%	16-OB-GYNECOLOGY (37%)	30-RADIOLOGY (33%)	11-INTERNAL MED (12%)
76828-Echo exam of fetal heart	\$1,151	34	XXX	0%	29%	16-OB-GYNECOLOGY (56%)	06-CARDIOLOGY (38%)	01-OB-GP/FP (3%)
93307-Echo exam of heart	\$428,355,075	3,448,644	XXX	56%	64%	06-CARDIOLOGY (70%)	11-INTERNAL MED (17%)	70-GROUP PRAC (4%)
93308-Echo exam of heart	\$3,131,013	49,001	XXX	0%	23%	06-CARDIOLOGY (72%)	11-INTERNAL MED (15%)	70-GROUP PRAC (4%)
93312-Echo exam of heart	\$10,292,101	68,727	XXX	1%	2%	06-CARDIOLOGY (66%)	05-ANESTHESIA (15%)	11-INTERNAL MED (10%)
93313-Echo exam of heart	\$194,204	3,835	XXX	0%	3%	06-CARDIOLOGY (49%)	05-ANESTHESIA (32%)	11-INTERNAL MED (13%)
93314-Echo exam of heart	\$361,579	6,313	XXX	0%	5%	06-CARDIOLOGY (65%)	11-INTERNAL MED (19%)	05-ANESTHESIA (6%)
93320-Doppler echo exam, heart	\$173,169,320	2,556,944	XXX	23%	33%	06-CARDIOLOGY (70%)	11-INTERNAL MED (16%)	70-GROUP PRAC (4%)
93321-Doppler echo exam, heart	\$1,076,059	26,911	XXX	0%	34%	06-CARDIOLOGY (71%)	11-INTERNAL MED (17%)	70-GROUP PRAC (4%)
93325-Doppler color flow	\$104,131,072	1,439,785	XXX	14%	42%	06-CARDIOLOGY (70%)	11-INTERNAL MED (13%)	70-GROUP PRAC (5%)
93350-Echo exam of heart	\$40,313,593	159,420	XXX	5%	68%	06-CARDIOLOGY (78%)	11-INTERNAL MED (12%)	95-PHYSIOL LAB (3%)

1340-Exercise Tolerance Tests

Family Medicare Charges: \$133,600,268
Family Private Payments: \$7,564,844

Percent of CPEP Medicare Charges: 7%
Percent of CPEP Private Payments: 17%

93015-Cardiovascular stress test	\$101,416,006	1,089,155	XXX	76%	72%	06-CARDIOLOGY (68%)	11-INTERNAL MED (22%)	70-GROUP PRAC (4%)
93016-Cardiovascular stress test	-	-	XXX	-	-	(.)	(.)	(.)
93017-Cardiovascular stress test	\$3,109,431	42,448	XXX	2%	77%	06-CARDIOLOGY (45%)	95-PHYSIOL LAB (24%)	11-INTERNAL MED (10%)
93018-Cardiovascular stress test	\$28,818,766	586,242	XXX	22%	13%	06-CARDIOLOGY (64%)	11-INTERNAL MED (21%)	70-GROUP PRAC (7%)
93024-Cardiac drug stress test	\$256,065	2,977	XXX	0%	9%	06-CARDIOLOGY (80%)	11-INTERNAL MED (13%)	04-OTOLARYNG (3%)

1344-Minor Cardiac and Vascular Tests

Family Medicare Charges: \$170,946,458
Family Private Payments: \$3,030,780

Percent of CPEP Medicare Charges: 8%
Percent of CPEP Private Payments: 7%

93224-ECG monitor/report, 24 hrs	\$62,572,731	355,476	XXX	37%	97%	06-CARDIOLOGY (50%)	11-INTERNAL MED (28%)	01-OB-GP/FP (12%)
93225-ECG monitor/record, 24 hrs	\$3,397,957	83,431	XXX	2%	92%	11-INTERNAL MED (36%)	06-CARDIOLOGY (24%)	01-OB-GP/FP (23%)
93226-ECG monitor/report, 24 hrs	\$6,060,765	82,104	XXX	4%	57%	95-PHYSIOL LAB (47%)	06-CARDIOLOGY (26%)	11-INTERNAL MED (9%)
93227-ECG monitor/review, 24 hrs	\$24,567,952	445,125	XXX	14%	19%	06-CARDIOLOGY (60%)	11-INTERNAL MED (25%)	70-GROUP PRAC (7%)
93230-ECG monitor/report, 24 hrs	\$32,574,681	174,850	XXX	19%	98%	11-INTERNAL MED (36%)	06-CARDIOLOGY (35%)	01-OB-GP/FP (19%)
93231-ECG monitor/record, 24 hrs	\$694,160	12,632	XXX	0%	90%	06-CARDIOLOGY (29%)	11-INTERNAL MED (28%)	95-PHYSIOL LAB (17%)
93232-ECG monitor/report, 24 hrs	\$1,240,023	11,545	XXX	1%	79%	95-PHYSIOL LAB (54%)	06-CARDIOLOGY (19%)	11-INTERNAL MED (9%)
93233-ECG monitor/review, 24 hrs	\$5,492,981	91,087	XXX	3%	13%	06-CARDIOLOGY (66%)	11-INTERNAL MED (23%)	70-GROUP PRAC (4%)
93235-ECG monitor/report, 24 hrs	\$5,540,916	34,935	XXX	3%	98%	11-INTERNAL MED (39%)	01-OB-GP/FP (26%)	06-CARDIOLOGY (26%)
93236-ECG monitor/report, 24 hrs	\$385,352	4,739	XXX	0%	23%	95-PHYSIOL LAB (73%)	06-CARDIOLOGY (8%)	11-INTERNAL MED (7%)
93237-ECG monitor/review, 24 hrs	\$1,562,388	28,001	XXX	1%	11%	06-CARDIOLOGY (54%)	11-INTERNAL MED (30%)	01-OB-GP/FP (6%)
93268-ECG record/review	\$25,978,741	325,917	XXX	15%	55%	95-PHYSIOL LAB (52%)	06-CARDIOLOGY (17%)	11-INTERNAL MED (13%)
93270-ECG recording	-	-	XXX	-	-	(.)	(.)	(.)
93271-ECG/monitoring and analysis	-	-	XXX	-	-	(.)	(.)	(.)
93720-Total body plethysmography	\$484,283	11,202	XXX	0%	91%	29-PULMONARY DIS (59%)	11-INTERNAL MED (16%)	01-OB-GP/FP (10%)
93721-Plethysmography tracing	\$7,957	322	XXX	0%	99%	01-OB-GP/FP (28%)	06-CARDIOLOGY (24%)	11-INTERNAL MED (20%)
93740-Temperature gradient studies	\$244,705	9,850	XXX	0%	6%	29-PULMONARY DIS (62%)	11-INTERNAL MED (11%)	70-GROUP PRAC (10%)
93770-Measure venous pressure	\$25,729	966	XXX	0%	82%	11-INTERNAL MED (47%)	48-PODIATRY (17%)	95-PHYSIOL LAB (13%)
G0004-ECG transm phys review & int	\$115,137	15,106	XXX	0%	80%	11-INTERNAL MED (42%)	01-OB-GP/FP (29%)	29-PULMONARY DIS (9%)
G0005-ECG 24 hour recording	-	-	XXX	-	-	(.)	(.)	(.)
G0006-ECG transmission & analysis	-	-	XXX	-	-	(.)	(.)	(.)
G0007-ECG phy review & interpret	-	-	XXX	-	-	(.)	(.)	(.)
G0015-Post symptom ECG tracing	-	-	XXX	-	-	(.)	(.)	(.)
G0016-Post symptom ECG md review	-	-	XXX	-	-	(.)	(.)	(.)

1348-Pacemaker Analysis
Family Medicare Charges: \$75,077,684
Family Private Payments: \$167,594

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	AllChgs	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
Percent of CPEP Medicare Charges: 4%										
Percent of CPEP Private Payments: 0%										
93724-Analyze pacemaker system	86,059,663	161,120	XXX	000	8%	19%	86%	(.)	(.)	(.)
93731-Analyze pacemaker system	4,885,031	96,781	XXX	XXX	7%	10%	78%	11-INTERNAL MED (11%)	11-INTERNAL MED (11%)	33-THORACIC SURG (6%)
93732-Analyze pacemaker system	16,914,171	478,934	XXX	XXX	23%	20%	55%	06-CARDIOLOGY (79%)	11-INTERNAL MED (8%)	33-THORACIC SURG (5%)
93733-Telephone analysis, pacemaker	88,483,206	268,147	XXX	XXX	11%	17%	86%	06-CARDIOLOGY (57%)	95-PHYSIOL LAB (21%)	69-INDEPEND LAB (6%)
93734-Analyze pacemaker system	83,190,292	71,868	XXX	XXX	4%	6%	81%	06-CARDIOLOGY (69%)	11-INTERNAL MED (14%)	33-THORACIC SURG (7%)
93735-Analyze pacemaker system	33,373,874	1,038,316	XXX	XXX	4%	28%	81%	06-CARDIOLOGY (73%)	11-INTERNAL MED (11%)	33-THORACIC SURG (7%)
93736-Telephone analysis, pacemaker	1,602,066	45,480	XXX	XXX	2%	50%	80%	06-CARDIOLOGY (48%)	95-PHYSIOL LAB (25%)	69-INDEPEND LAB (7%)
93737-Analyze cardio/defibrillator	569,381	10,700	XXX	XXX	1%	70%	80%	06-CARDIOLOGY (81%)	11-INTERNAL MED (11%)	70-GROUP PRAC (4%)
93738-Analyze cardio/defibrillator					1%			06-CARDIOLOGY (87%)	11-INTERNAL MED (8%)	70-GROUP PRAC (3%)

1352-Cardiac Electrophysiologic Tests
Family Medicare Charges: \$45,684,796
Family Private Payments: \$582,455

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	AllChgs	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
Percent of CPEP Medicare Charges: 2%										
Percent of CPEP Private Payments: 1%										
93600-Bundle of His recording	531,277	2,591	000	000	1%	2%	3%	06-CARDIOLOGY (86%)	11-INTERNAL MED (9%)	70-GROUP PRAC (4%)
93602-Intra-atrial recording	302,453	2,366	000	000	1%	1%	1%	06-CARDIOLOGY (77%)	11-INTERNAL MED (12%)	33-THORACIC SURG (4%)
93603-Right ventricular recording	256,887	1,687	000	000	1%	3%	1%	06-CARDIOLOGY (80%)	11-INTERNAL MED (8%)	33-THORACIC SURG (6%)
93607-Right ventricular recording	127,978	1,021	000	000	0%	1%	1%	06-CARDIOLOGY (55%)	70-GROUP PRAC (34%)	11-INTERNAL MED (11%)
93609-Mapping of tachycardia	441,965	994	000	000	1%	8%	8%	06-CARDIOLOGY (76%)	11-INTERNAL MED (16%)	70-GROUP PRAC (5%)
93610-Intra-atrial pacing	460,613	2,552	000	000	1%	1%	2%	06-CARDIOLOGY (80%)	11-INTERNAL MED (10%)	70-GROUP PRAC (4%)
93612-Intraventricular pacing	361,495	1,897	000	000	1%	2%	1%	06-CARDIOLOGY (81%)	11-INTERNAL MED (11%)	33-THORACIC SURG (4%)
93615-Esophageal recording	32,314	733	000	000	0%	70%	70%	06-CARDIOLOGY (51%)	11-INTERNAL MED (15%)	01-08-GP/FP (14%)
93616-Esophageal recording	24,338	242	000	000	0%	30%	30%	06-CARDIOLOGY (71%)	05-ANESTHESIA (22%)	70-GROUP PRAC (2%)
93618-Heart rhythm pacing	135,011	7,858	000	000	9%	5%	1%	06-CARDIOLOGY (86%)	11-INTERNAL MED (8%)	70-GROUP PRAC (6%)
93619-Electrophysiology evaluation	768,342	22,319	000	000	4%	50%	2%	06-CARDIOLOGY (83%)	11-INTERNAL MED (9%)	70-GROUP PRAC (5%)
93620-Electrophysiology evaluation	686,562	1,731	000	000	4%	0%	0%	06-CARDIOLOGY (87%)	11-INTERNAL MED (6%)	70-GROUP PRAC (6%)
93622-Electrophysiology evaluation	386,652	422	000	000	1%	1%	1%	06-CARDIOLOGY (87%)	11-INTERNAL MED (6%)	70-GROUP PRAC (5%)
93623-Stimulation, pacing heart	332,285	5,991	000	000	3%	3%	0%	06-CARDIOLOGY (85%)	11-INTERNAL MED (8%)	70-GROUP PRAC (6%)
93624-Electrophysiologic study	990,386	8,493	000	000	7%	8%	5%	06-CARDIOLOGY (73%)	11-INTERNAL MED (18%)	70-GROUP PRAC (6%)
93631-Heart pacing, mapping	478,056	753	000	000	1%	4%	4%	06-CARDIOLOGY (70%)	33-THORACIC SURG (10%)	11-INTERNAL MED (8%)
93640-Evaluation heart device	118,671	10,762	000	000	1%	6%	6%	06-CARDIOLOGY (81%)	11-INTERNAL MED (9%)	70-GROUP PRAC (7%)
93641-Electrophysiology evaluation			000	000				(.)	(.)	(.)
93642-Electrophysiology evaluation			000	000				(.)	(.)	(.)
93650-Ablate heart dysrhythm focus	257,096	3,523	000	000	9%	19%	1%	06-CARDIOLOGY (86%)	11-INTERNAL MED (9%)	70-GROUP PRAC (3%)
93651-Ablate heart dysrhythm focus			000	000				(.)	(.)	(.)
93652-Ablate heart dysrhythm focus			000	000				(.)	(.)	(.)
93660-Tilt table evaluation	892,415	8,359	000	000	2%	1%	1%	06-CARDIOLOGY (79%)	11-INTERNAL MED (10%)	70-GROUP PRAC (5%)

CPEP 14 - ANESTHESIOLOGY / PATHOLOGY

Procedure Second Specialty Third Specialty

Family Medicare Charges: \$547,286,444
Family Private Payments: \$8,640,988

85097-Bone marrow interpretation
88172-Evaluation of smear
88173-Interpretation of smear
88300-Surg path, gross
88302-Tissue exam by pathologist
88304-Tissue exam by pathologist
88305-Tissue exam by pathologist
88311-Decalcify tissue
88323-Microslide consultation
88331-Pathology consult in surgery
88332-Pathology consult in surgery

20%
7%
14%
5%
9%
15%
23%
5%
19%
13%

0%
0%
1%
2%
6%
10%
39%
0%
0%
4%
0%

1%
0%
1%
1%
1%
1%
77%
1%
0%
6%
1%

22-PATHOLOGY (59%)
22-PATHOLOGY (87%)
22-PATHOLOGY (81%)
22-PATHOLOGY (86%)
22-PATHOLOGY (75%)
22-PATHOLOGY (67%)
22-PATHOLOGY (60%)
22-PATHOLOGY (84%)
22-PATHOLOGY (46%)
22-PATHOLOGY (87%)
22-PATHOLOGY (82%)

83-HEMATOL/ONCOL (18%)
69-INDEPEND LAB (9%)
69-INDEPEND LAB (13%)
69-INDEPEND LAB (6%)
69-INDEPEND LAB (16%)
69-INDEPEND LAB (19%)
69-INDEPEND LAB (24%)
69-INDEPEND LAB (11%)
69-INDEPEND LAB (41%)
69-INDEPEND LAB (7%)
69-INDEPEND LAB (7%)

11-INTERNAL MED (8%)
70-GROUP PRAC (1%)
70-GROUP PRAC (3%)
70-GROUP PRAC (3%)
70-GROUP PRAC (3%)
07-DERMATOLOGY (7%)
07-DERMATOLOGY (12%)
70-GROUP PRAC (2%)
70-GROUP PRAC (5%)
70-GROUP PRAC (2%)
07-DERMATOLOGY (7%)

1412-Cytopathology

Family Medicare Charges: \$33,306,821
Family Private Payments: \$293,813

Percent of CPEP Medicare Charges: 2%
Percent of CPEP Private Payments: 2%

88104-Microscopic exam of cells
88106-Microscopic exam of cells
88107-Microscopic exam of cells
88108-Cytopathology
88125-Forensic cytopathology
88160-Cytopathology
88161-Cytopathology
88162-Cytopathology, extensive
89350-Sputum specimen collection

7%
20%
9%
6%
23%
9%
20%
7%
62%

53%
7%
7%
17%
0%
15%
5%
3%
1%

52%
7%
7%
17%
0%
9%
4%
3%
0%

22-PATHOLOGY (79%)
22-PATHOLOGY (68%)
22-PATHOLOGY (73%)
22-PATHOLOGY (72%)
22-PATHOLOGY (77%)
22-PATHOLOGY (76%)
22-PATHOLOGY (56%)
22-PATHOLOGY (83%)
69-INDEPEND LAB (37%)

69-INDEPEND LAB (15%)
70-GROUP PRAC (3%)
70-GROUP PRAC (2%)
70-GROUP PRAC (2%)
70-GROUP PRAC (1%)
16-OB-GYN/OB (4%)
70-GROUP PRAC (3%)
70-GROUP PRAC (5%)
70-GROUP PRAC (4%)
01,08-GP/FP (19%)
03-ALLERGY/IMMUN (13%)

1416-Pap Smears

Family Medicare Charges: \$1,812,999
Family Private Payments: \$153,359

Percent of CPEP Medicare Charges: 0%
Percent of CPEP Private Payments: 1%

88151-Cytopathology interpretation
88157-TBS smear (bethesda system)
P3001-Screening pap smear by phys

14%
26%
21%

100%
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51%
20%
29%

22-PATHOLOGY (90%)
22-PATHOLOGY (72%)
22-PATHOLOGY (89%)

69-INDEPEND LAB (5%)
70-GROUP PRAC (2%)
70-GROUP PRAC (1%)
70-GROUP PRAC (4%)

1420-Special Stains

Family Medicare Charges: \$29,997,811
Family Private Payments: \$166,477

Percent of CPEP Medicare Charges: 1%
Percent of CPEP Private Payments: 1%

88312-Special stains
88313-Special stains
88314-Histochemical stain
88318-Chemical histochemistry
88319-Enzyme histochemistry
88342-Immunocytochemistry
88346-Immunofluorescent study
88347-Immunofluorescent study
88362-Nerve teasing preparations

8%
7%
74%
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8%
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30%
26%
5%
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19%
20%
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25%
21%
7%
0%
1%
36%
8%
1%
0%

22-PATHOLOGY (79%)
22-PATHOLOGY (76%)
22-PATHOLOGY (72%)
22-PATHOLOGY (77%)
22-PATHOLOGY (46%)
22-PATHOLOGY (67%)
22-PATHOLOGY (47%)
69-INDEPEND LAB (54%)
22-PATHOLOGY (40%)

69-INDEPEND LAB (16%)
69-INDEPEND LAB (17%)
70-GROUP PRAC (3%)
69-INDEPEND LAB (8%)
88-UNKNOWN SUPPL (1%)
11-INTERNAL MED (11%)
70-GROUP PRAC (5%)
07-DERMATOLOGY (7%)
22-PATHOLOGY (18%)
13-NEUROLOGY (35%)
70-GROUP PRAC (20%)

1424-Simple Immunology Tests

Procedure First Specialty Second Specialty Third Specialty

Procedure	1993 MC Allowed Charges	1993 MC Service Period Global AllChgs	Family PrivPmts	Pct. of Vol. in OFFICE	Pct. of Procedure Volume	First Specialty	Second Specialty	Third Specialty
Family Medicare Charges: \$1,327,570								
Family Private Payments: \$262,452								
Percent of CPEP Medicare Charges: 0%								
Percent of CPEP Private Payments: 2%								
86485-Skin test, candida	\$11,943	1,176	1%	98%	11-INTERNAL MED (25%)	11-INTERNAL MED (25%)	66-RHEUMATOLOGY (7%)	
86490-Coccidioidomycosis skin test	\$68,562	7,016	5%	94%	01,08-GP/FP (28%)	29-PULMONARY DIS (25%)	11-INTERNAL MED (22%)	
86510-Histoplasmosis skin test	\$21,434	2,384	2%	81%	11-INTERNAL MED (32%)	11-INTERNAL MED (20%)	69-INDEPEND LAB (19%)	
86580-1B intradermal test	\$760,065	95,262	57%	97%	11-INTERNAL MED (37%)	01,08-GP/FP (34%)	29-PULMONARY DIS (11%)	
86585-1B tine test	\$465,566	71,849	35%	98%	01,08-GP/FP (56%)	11-INTERNAL MED (29%)	70-GROUP PRAC (3%)	

1428-Anesthesia

Procedure	1993 MC Allowed Charges	1993 MC Service Period Global AllChgs	Family PrivPmts	Pct. of Vol. in OFFICE	Pct. of Procedure Volume	First Specialty	Second Specialty	Third Specialty
Family Medicare Charges: \$126720776								
Family Private Payments: \$2,452								
Percent of CPEP Medicare Charges: 61%								
Percent of CPEP Private Payments: 0%								
00100-Anesth, skin surgery	\$11,475,336	87,566	1%	1%	05-ANESTHESIA (67%)	43-CRNA (29%)	88-UNKNOWN SUPPL (2%)	
00102-Anesth, repair of cleft lip	\$21,881	149	0%	3%	05-ANESTHESIA (61%)	43-CRNA (28%)	70-GROUP PRAC (4%)	
00104-Anesth for electroshock	\$11,518,363	165,529	1%	1%	05-ANESTHESIA (78%)	43-CRNA (14%)	26-PSYCHIATRY (3%)	
00120-Anesthesia for ear surgery	\$3,823,588	26,566	0%	0%	05-ANESTHESIA (68%)	43-CRNA (28%)	88-UNKNOWN SUPPL (2%)	
00126-Anesthesia for ear exam	\$45,233	1,610	0%	71%	01,08-GP/FP (31%)	11-INTERNAL MED (21%)	05-ANESTHESIA (18%)	
00126-Anesth, tympanotomy	\$376,143	4,448	0%	0%	05-ANESTHESIA (69%)	43-CRNA (28%)	88-UNKNOWN SUPPL (1%)	
00140-Anesth, procedures on eye	\$28,818,254	235,811	2%	1%	05-ANESTHESIA (64%)	43-CRNA (32%)	88-UNKNOWN SUPPL (2%)	
00142-Anesthesia for lens surgery	\$157,800,084	1,588,816	12%	0%	05-ANESTHESIA (63%)	43-CRNA (32%)	88-UNKNOWN SUPPL (2%)	
00144-Anesth, corneal transplant	\$3,610,948	22,929	0%	0%	05-ANESTHESIA (70%)	43-CRNA (27%)	88-UNKNOWN SUPPL (1%)	
00145-Anesth, vitrectomy	\$11,067,410	67,566	1%	0%	05-ANESTHESIA (70%)	43-CRNA (26%)	88-UNKNOWN SUPPL (2%)	
00147-Anesth, iridectomy	\$306,844	2,714	0%	1%	05-ANESTHESIA (72%)	43-CRNA (25%)	88-UNKNOWN SUPPL (1%)	
00148-Anesthesia for eye exam	\$50,341	475	0%	0%	05-ANESTHESIA (69%)	43-CRNA (27%)	88-UNKNOWN SUPPL (1%)	
00160-Anesth, nose, sinus surgery	\$8,011,286	61,396	1%	0%	05-ANESTHESIA (76%)	43-CRNA (23%)	88-UNKNOWN SUPPL (1%)	
00162-Anesth, nose, sinus surgery	\$352,576	2,883	0%	0%	05-ANESTHESIA (60%)	43-CRNA (36%)	88-UNKNOWN SUPPL (2%)	
00164-Anesth, biopsy of nose	\$156,094	1,481	0%	4%	05-ANESTHESIA (66%)	43-CRNA (26%)	19-ORAL SURGERY (3%)	
00170-Anesth, procedure on mouth	\$4,292,554	39,424	0%	0%	05-ANESTHESIA (68%)	43-CRNA (29%)	88-UNKNOWN SUPPL (2%)	
00172-Anesth, cleft palate repair	\$38,068	237	0%	0%	05-ANESTHESIA (73%)	43-CRNA (24%)	70-GROUP PRAC (1%)	
00174-Anesth, pharyngeal surgery	\$100,115	721	0%	0%	05-ANESTHESIA (74%)	43-CRNA (20%)	88-UNKNOWN SUPPL (2%)	
00176-Anesth, pharyngeal surgery	\$836,321	2,712	0%	2%	05-ANESTHESIA (76%)	43-CRNA (20%)	19-ORAL SURGERY (2%)	
00190-Anesth, facial bone surgery	\$1,759,077	11,308	0%	1%	05-ANESTHESIA (70%)	43-CRNA (25%)	88-UNKNOWN SUPPL (2%)	
00192-Anesth, facial bone surgery	\$406,364	1,530	0%	0%	05-ANESTHESIA (73%)	43-CRNA (23%)	70-GROUP PRAC (2%)	
00210-Anesth, open head surgery	\$10,661,742	35,632	1%	0%	05-ANESTHESIA (76%)	43-CRNA (20%)	88-UNKNOWN SUPPL (2%)	
00212-Anesth, skull drainage	\$63,053	462	0%	8%	05-ANESTHESIA (54%)	43-CRNA (31%)	70-GROUP PRAC (4%)	
00214-Anesth, skull drainage	\$2,100,500	10,714	0%	0%	05-ANESTHESIA (75%)	43-CRNA (20%)	70-GROUP PRAC (2%)	
00216-Anesth, head vessel surgery	\$1,864,979	4,561	0%	0%	05-ANESTHESIA (75%)	43-CRNA (21%)	70-GROUP PRAC (2%)	
00218-Anesth, special head surgery	\$2,134,549	6,891	0%	0%	05-ANESTHESIA (71%)	43-CRNA (23%)	70-GROUP PRAC (4%)	
00220-Anesth, spinal fluid shunt	\$1,124,772	5,217	0%	0%	05-ANESTHESIA (75%)	43-CRNA (21%)	88-UNKNOWN SUPPL (2%)	
00222-Anesth, head nerve surgery	\$185,417	1,360	0%	0%	05-ANESTHESIA (73%)	43-CRNA (19%)	88-UNKNOWN SUPPL (5%)	
00300-Anesth, skin surgery, neck	\$3,487,981	26,956	0%	0%	05-ANESTHESIA (70%)	43-CRNA (26%)	88-UNKNOWN SUPPL (2%)	
00320-Anesth, neck organ surgery	\$1,228,037	146,374	2%	0%	05-ANESTHESIA (72%)	43-CRNA (23%)	88-UNKNOWN SUPPL (2%)	
00322-Anesth, biopsy of thyroid	\$22,353	186	0%	1%	05-ANESTHESIA (75%)	43-CRNA (21%)	88-UNKNOWN SUPPL (2%)	
00350-Anesth, neck vessel surgery	\$23,236,406	98,131	2%	0%	05-ANESTHESIA (74%)	43-CRNA (22%)	88-UNKNOWN SUPPL (1%)	
00352-Anesth, neck vessel surgery	\$910,835	8,155	0%	0%	05-ANESTHESIA (75%)	43-CRNA (22%)	88-UNKNOWN SUPPL (1%)	
00400-Anesth, chest skin surgery	\$18,190,510	209,113	1%	0%	05-ANESTHESIA (67%)	43-CRNA (29%)	88-UNKNOWN SUPPL (2%)	
00402-Anesth, surgery of breast	\$1,522,948	8,659	0%	0%	05-ANESTHESIA (74%)	43-CRNA (22%)	70-GROUP PRAC (1%)	
00404-Anesth, surgery of breast	\$10,159,800	65,839	1%	0%	05-ANESTHESIA (68%)	43-CRNA (28%)	88-UNKNOWN SUPPL (2%)	
00406-Anesth, surgery of breast	\$677,421	2,721	0%	0%	05-ANESTHESIA (54%)	43-CRNA (37%)	70-GROUP PRAC (2%)	
00410-Anesth, correct heart rhythm	\$2,407,605	32,288	0%	0%	05-ANESTHESIA (77%)	43-CRNA (17%)	70-GROUP PRAC (2%)	
00420-Anesth, skin surgery, back	\$1,401,456	11,029	0%	0%	05-ANESTHESIA (73%)	43-CRNA (23%)	88-UNKNOWN SUPPL (2%)	

Pct. of Family PrivPmts Vol. in OFFICE

1993 MC Units of Service

1993 MC Allowed Charges

Procedure

First Specialty

Second Specialty

Third Specialty

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
00450-Anesth, surgery of shoulder	\$484,053	3,683		0%	0%	05-ANESTHESIA (67%)	43-CRNA (28%)	88-UNKNOWN SUPPL (3%)
00452-Anesth, surgery of shoulder	\$48,398	257		0%	0%	05-ANESTHESIA (69%)	43-CRNA (30%)	11-INTERNAL MED (0%)
00454-Anesth, collarbone biopsy	\$30,597	302		0%	0%	05-ANESTHESIA (65%)	43-CRNA (30%)	88-UNKNOWN SUPPL (2%)
00470-Anesth, removal of rib	\$813,627	4,933		0%	0%	05-ANESTHESIA (76%)	43-CRNA (20%)	70-GROUP PRAC (2%)
00472-Anesth, chest wall repair	\$179,916	771		0%	0%	05-ANESTHESIA (74%)	43-CRNA (24%)	88-UNKNOWN SUPPL (1%)
00474-Anesth, surgery of ribs(s)	\$170,569	568		0%	0%	05-ANESTHESIA (78%)	43-CRNA (20%)	88-UNKNOWN SUPPL (1%)
00500-Anesth, esophageal surgery	\$2,041,307	5,120		0%	0%	05-ANESTHESIA (68%)	43-CRNA (22%)	06-CARDIOLOGY (2%)
00520-Anesth, chest procedure	\$15,629,115	121,479	1%	1%	0%	05-ANESTHESIA (76%)	43-CRNA (25%)	88-UNKNOWN SUPPL (3%)
00522-Anesth, chest lining biopsy	\$63,086	651		0%	0%	05-ANESTHESIA (48%)	43-CRNA (33%)	70-GROUP PRAC (15%)
00524-Anesth, chest drainage	\$86,017	852		0%	0%	05-ANESTHESIA (59%)	43-CRNA (33%)	29-PULMONARY DIS (3%)
00528-Anesth, chest partition view	\$1,790,326	10,118		0%	0%	05-ANESTHESIA (75%)	43-CRNA (21%)	88-UNKNOWN SUPPL (2%)
00530-Anesth, pacemaker insertion	\$8,092,899	73,742	1%	1%	0%	05-ANESTHESIA (73%)	43-CRNA (22%)	88-UNKNOWN SUPPL (3%)
00532-Anesth, vascular access	\$5,548,318	55,290	0%	0%	0%	05-ANESTHESIA (76%)	43-CRNA (21%)	70-GROUP PRAC (1%)
00540-Anesth, cardioverter/defib	\$17,232,517	57,397	1%	1%	0%	05-ANESTHESIA (76%)	43-CRNA (20%)	70-GROUP PRAC (2%)
00542-Anesth, chest surgery	\$618,192	1,818		0%	0%	05-ANESTHESIA (79%)	43-CRNA (18%)	70-GROUP PRAC (1%)
00544-Anesth, release of lung	\$176,536	504		0%	0%	05-ANESTHESIA (77%)	43-CRNA (16%)	88-UNKNOWN SUPPL (3%)
00546-Anesth, chest lining removal	\$598,335	1,601		0%	0%	05-ANESTHESIA (79%)	43-CRNA (16%)	88-UNKNOWN SUPPL (2%)
00548-Anesth, lung,chest wall surg	\$116,225	332		0%	0%	05-ANESTHESIA (76%)	43-CRNA (20%)	70-GROUP PRAC (2%)
00560-Anesth, trachea,bronchi surg	\$7,269,727	24,302	1%	1%	0%	05-ANESTHESIA (78%)	43-CRNA (18%)	70-GROUP PRAC (2%)
00562-Anesth, open heart surgery	\$117,359,795	234,788	9%	9%	0%	05-ANESTHESIA (82%)	43-CRNA (15%)	70-GROUP PRAC (2%)
00580-Anesth, open heart surgery	\$386,599	744		0%	0%	05-ANESTHESIA (84%)	43-CRNA (8%)	70-GROUP PRAC (5%)
00600-Anesth,heart/lung transplant	\$5,995,839	22,917	0%	0%	0%	05-ANESTHESIA (71%)	43-CRNA (26%)	88-UNKNOWN SUPPL (1%)
00604-Anesth, spine, cord surgery	\$619,872	2,054	0%	0%	0%	05-ANESTHESIA (72%)	43-CRNA (24%)	88-UNKNOWN SUPPL (2%)
00620-Anesth, surgery of vertebra	\$1,582,354	5,631	0%	0%	0%	05-ANESTHESIA (70%)	43-CRNA (25%)	70-GROUP PRAC (2%)
00622-Anesth, spine, cord surgery	\$35,097	126		0%	0%	05-ANESTHESIA (71%)	43-CRNA (27%)	07-DERMATOLOGY (1%)
00630-Anesth, removal of nerves	\$23,417,196	110,289	2%	2%	0%	05-ANESTHESIA (70%)	43-CRNA (26%)	88-UNKNOWN SUPPL (1%)
00632-Anesth, spine, cord surgery	\$245,005	1,440	0%	0%	0%	05-ANESTHESIA (73%)	43-CRNA (23%)	70-GROUP PRAC (2%)
00634-Anesth, removal of nerves	\$25,726	184		0%	0%	05-ANESTHESIA (78%)	43-CRNA (15%)	70-GROUP PRAC (6%)
00670-Anesth for chemonucleolysis	\$4,295,678	10,948	0%	0%	0%	05-ANESTHESIA (74%)	43-CRNA (22%)	70-GROUP PRAC (2%)
00700-Anesth, spine, cord surgery	\$1,487,515	14,979	0%	0%	0%	05-ANESTHESIA (61%)	43-CRNA (31%)	88-UNKNOWN SUPPL (4%)
00702-Anesth, abdominal wall surg	\$100,680	826		0%	0%	05-ANESTHESIA (57%)	43-CRNA (35%)	88-UNKNOWN SUPPL (3%)
00730-Anesth, for liver biopsy	\$368,635	2,784	0%	0%	0%	05-ANESTHESIA (64%)	43-CRNA (32%)	88-UNKNOWN SUPPL (2%)
00740-Anesth, abdominal wall surg	\$10,277,983	106,955	1%	1%	4%	05-ANESTHESIA (56%)	43-CRNA (31%)	10-GASTROENTER (4%)
00750-Anesth, gi visualization	\$6,608,307	55,325	1%	1%	0%	05-ANESTHESIA (68%)	43-CRNA (29%)	88-UNKNOWN SUPPL (1%)
00752-Anesth, repair of hernia	\$3,983,235	25,948	0%	0%	0%	05-ANESTHESIA (71%)	43-CRNA (25%)	88-UNKNOWN SUPPL (1%)
00754-Anesth, repair of hernia	\$29,686	175		0%	0%	05-ANESTHESIA (65%)	43-CRNA (33%)	88-UNKNOWN SUPPL (1%)
00756-Anesth, repair of hernia	\$206,003	979	0%	0%	0%	05-ANESTHESIA (66%)	43-CRNA (30%)	88-UNKNOWN SUPPL (1%)
00770-Anesth, repair of hernia	\$15,933,994	42,522	1%	1%	0%	05-ANESTHESIA (76%)	43-CRNA (20%)	88-UNKNOWN SUPPL (3%)
00790-Anesth, blood vessel repair	\$73,147,195	381,534	6%	6%	0%	05-ANESTHESIA (71%)	43-CRNA (25%)	88-UNKNOWN SUPPL (2%)
00792-Anesth, surg upper abdomen	\$712,620	1,887	0%	0%	0%	05-ANESTHESIA (75%)	43-CRNA (19%)	70-GROUP PRAC (2%)
00794-Anesth, part liver removal	\$1,315,563	3,725	0%	0%	0%	05-ANESTHESIA (87%)	43-CRNA (21%)	70-GROUP PRAC (2%)
00796-Anesth, pancreas removal	\$404,369	504	0%	0%	1%	05-ANESTHESIA (63%)	43-CRNA (33%)	70-GROUP PRAC (4%)
00800-Anesth, for liver transplant	\$1,481,366	14,711	0%	0%	0%	05-ANESTHESIA (64%)	43-CRNA (33%)	88-UNKNOWN SUPPL (2%)
00802-Anesth, abdominal wall surg	\$65,268	424	0%	0%	0%	05-ANESTHESIA (63%)	43-CRNA (33%)	70-GROUP PRAC (2%)
00806-Anesth, fat layer removal	\$8,892,210	57,664	1%	1%	0%	05-ANESTHESIA (61%)	43-CRNA (33%)	88-UNKNOWN SUPPL (3%)
00810-Anesth, intestine endoscopy	\$9,930,916	88,358	1%	1%	5%	05-ANESTHESIA (52%)	43-CRNA (34%)	88-UNKNOWN SUPPL (5%)
00820-Anesth, abdominal wall surg	\$640,959	4,869	0%	0%	0%	05-ANESTHESIA (67%)	43-CRNA (28%)	88-UNKNOWN SUPPL (2%)
00830-Anesth, repair of hernia	\$19,232,207	162,913	2%	2%	0%	05-ANESTHESIA (68%)	43-CRNA (27%)	88-UNKNOWN SUPPL (2%)
00832-Anesth, repair of hernia	\$4,821,323	31,503	0%	0%	0%	05-ANESTHESIA (69%)	43-CRNA (25%)	88-UNKNOWN SUPPL (2%)
00840-Anesth, surg lower abdomen	\$64,205,457	348,768	5%	5%	0%	05-ANESTHESIA (71%)	43-CRNA (25%)	88-UNKNOWN SUPPL (2%)
00842-Anesth, amniocentesis	\$40,959	335	0%	0%	0%	05-ANESTHESIA (67%)	43-CRNA (28%)	70-GROUP PRAC (2%)
00844-Anesth, pelvis surgery	\$3,027,162	12,176	0%	0%	0%	05-ANESTHESIA (70%)	43-CRNA (25%)	88-UNKNOWN SUPPL (2%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Allidchs	Pct. of Family Privmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
01622-Anesth, shoulder arthroscopy	\$1,329,710	9,629		0%	0%	0%	05-ANESTHESIA (70%)	43-CRNA (26%)	88-UNKNOH SUPPL (2%)
01630-Anesth, surgery of shoulder	\$4,034,295	25,342		0%	0%	0%	05-ANESTHESIA (70%)	43-CRNA (26%)	88-UNKNOH SUPPL (2%)
01632-Anesth, surgery of shoulder	\$53,144	276		0%	0%	0%	05-ANESTHESIA (76%)	43-CRNA (16%)	88-UNKNOH SUPPL (5%)
01634-Anesth, shoulder joint amput	\$24,218	100		0%	0%	0%	05-ANESTHESIA (73%)	43-CRNA (26%)	88-UNKNOH SUPPL (1%)
01636-Anesth, forearm amput	\$11,960	42		0%	0%	0%	05-ANESTHESIA (64%)	43-CRNA (31%)	70-GROUP PRAC (2%)
01638-Anesth, shoulder replacement	\$1,730,084	6,621		0%	0%	0%	05-ANESTHESIA (71%)	43-CRNA (27%)	88-UNKNOH SUPPL (1%)
01650-Anesth, shoulder artery surg	\$1,376,099	8,530		0%	0%	0%	05-ANESTHESIA (71%)	43-CRNA (26%)	88-UNKNOH SUPPL (2%)
01652-Anesth, shoulder vessel surg	\$95,635	410		0%	0%	0%	05-ANESTHESIA (80%)	43-CRNA (18%)	70-GROUP PRAC (1%)
01654-Anesth, shoulder vessel surg	\$215,835	778		0%	0%	0%	05-ANESTHESIA (87%)	43-CRNA (10%)	88-UNKNOH SUPPL (2%)
01656-Anesth, arm-leg vessel surg	\$675,124	2,146		0%	0%	0%	05-ANESTHESIA (76%)	43-CRNA (20%)	88-UNKNOH SUPPL (3%)
01670-Anesth, shoulder vein surg	\$909,403	8,738		0%	0%	0%	05-ANESTHESIA (69%)	43-CRNA (28%)	88-UNKNOH SUPPL (3%)
01680-Anesth, shoulder casting	\$10,498	124		0%	0%	0%	05-ANESTHESIA (56%)	43-CRNA (40%)	88-UNKNOH SUPPL (2%)
01682-Anesth, airplane cast	\$6,107	52		0%	0%	0%	05-ANESTHESIA (79%)	43-CRNA (21%)	(.)
01700-Anesth, elbow area skin surg	\$746,499	7,861		0%	0%	0%	05-ANESTHESIA (70%)	43-CRNA (26%)	88-UNKNOH SUPPL (2%)
01710-Anesth, elbow area surgery	\$702,139	7,000		0%	0%	3%	05-ANESTHESIA (70%)	43-CRNA (25%)	88-UNKNOH SUPPL (2%)
01712-Anesth, upperarm tendon surg	\$11,869	76		0%	0%	0%	05-ANESTHESIA (80%)	43-CRNA (20%)	(.)
01714-Anesth, upperarm tendon surg	\$9,106	50		0%	0%	0%	05-ANESTHESIA (66%)	43-CRNA (28%)	88-UNKNOH SUPPL (4%)
01716-Anesth, biceps tendon repair	\$27,228	183		0%	0%	0%	05-ANESTHESIA (69%)	43-CRNA (28%)	88-UNKNOH SUPPL (3%)
01730-Anesth, upperarm procedure	\$293,863	3,051		0%	0%	0%	05-ANESTHESIA (69%)	43-CRNA (27%)	88-UNKNOH SUPPL (3%)
01732-Anesth, elbow arthroscopy	\$42,698	341		0%	0%	0%	05-ANESTHESIA (72%)	43-CRNA (26%)	70-GROUP PRAC (1%)
01740-Anesth, upper arm surgery	\$2,801,139	20,385		0%	0%	0%	05-ANESTHESIA (71%)	43-CRNA (25%)	88-UNKNOH SUPPL (2%)
01742-Anesth, humerus surgery	\$61,875	357		0%	0%	0%	05-ANESTHESIA (77%)	43-CRNA (17%)	88-UNKNOH SUPPL (4%)
01744-Anesth, humerus repair	\$146,610	740		0%	0%	0%	05-ANESTHESIA (61%)	43-CRNA (21%)	70-GROUP PRAC (17%)
01756-Anesth, radical humerus surg	\$64,131	353		0%	0%	0%	05-ANESTHESIA (72%)	43-CRNA (24%)	70-GROUP PRAC (2%)
01758-Anesth, humeral lesion surg	\$28,098	205		0%	0%	0%	05-ANESTHESIA (63%)	43-CRNA (31%)	01,08-GP/FP (1%)
01760-Anesth, elbow replacement	\$140,009	586		0%	0%	0%	05-ANESTHESIA (70%)	43-CRNA (25%)	70-GROUP PRAC (2%)
01770-Anesth, upperarm artery surg	\$5,774,790	29,672		0%	0%	0%	05-ANESTHESIA (76%)	43-CRNA (20%)	88-UNKNOH SUPPL (1%)
01772-Anesth, upperarm embolctomy	\$703,474	4,568		0%	0%	0%	05-ANESTHESIA (76%)	43-CRNA (20%)	01,08-GP/FP (2%)
01780-Anesth, upper arm vein surg	\$495,247	4,762		0%	0%	0%	05-ANESTHESIA (63%)	43-CRNA (27%)	70-GROUP PRAC (7%)
01782-Anesth, upperarm vein repair	\$35,457	247		0%	0%	0%	05-ANESTHESIA (78%)	43-CRNA (19%)	01,08-GP/FP (2%)
01784-Anesth, av fistula repair	\$1,686,907	10,524		0%	0%	0%	05-ANESTHESIA (68%)	43-CRNA (28%)	88-UNKNOH SUPPL (1%)
01800-Anesth, lower arm skin surg	\$2,242,615	24,380		0%	0%	0%	05-ANESTHESIA (69%)	43-CRNA (27%)	88-UNKNOH SUPPL (2%)
01810-Anesth, lower arm surgery	\$12,309,207	137,460		1%	0%	0%	05-ANESTHESIA (68%)	43-CRNA (27%)	88-UNKNOH SUPPL (2%)
01820-Anesth, lower arm procedure	\$1,832,112	20,673		0%	0%	0%	05-ANESTHESIA (68%)	43-CRNA (27%)	88-UNKNOH SUPPL (2%)
01830-Anesth, lower arm surgery	\$4,825,542	41,316		0%	0%	0%	05-ANESTHESIA (71%)	43-CRNA (26%)	88-UNKNOH SUPPL (1%)
01832-Anesth, wrist replacement	\$61,125	336		0%	0%	0%	05-ANESTHESIA (71%)	43-CRNA (25%)	88-UNKNOH SUPPL (1%)
01840-Anesth, lowerarm artery surg	\$1,413,465	8,733		0%	0%	0%	05-ANESTHESIA (72%)	43-CRNA (24%)	70-GROUP PRAC (2%)
01842-Anesth, lowerarm embolctomy	\$683,315	4,390		0%	0%	0%	05-ANESTHESIA (72%)	43-CRNA (22%)	70-GROUP PRAC (6%)
01844-Anesth, vascular shunt surg	\$20,009,427	124,785		2%	0%	0%	05-ANESTHESIA (72%)	43-CRNA (24%)	88-UNKNOH SUPPL (1%)
01850-Anesth, lower arm vein surg	\$200,762	2,089		0%	0%	0%	05-ANESTHESIA (53%)	43-CRNA (41%)	88-UNKNOH SUPPL (4%)
01852-Anesth, lowerarm vein repair	\$12,255	108		0%	0%	0%	05-ANESTHESIA (78%)	43-CRNA (22%)	(.)
01860-Anesth, lower arm casting	\$40,462	472		0%	0%	1%	05-ANESTHESIA (68%)	43-CRNA (24%)	88-UNKNOH SUPPL (5%)
01900-Anesth, uterus/tube inject	\$16,560	181		0%	0%	6%	05-ANESTHESIA (73%)	43-CRNA (26%)	01,08-GP/FP (1%)
01902-Anesth, burr holes, skull	\$28,025	145		0%	0%	0%	05-ANESTHESIA (58%)	43-CRNA (26%)	88-UNKNOH SUPPL (14%)
01904-Anesth, skull x-ray inject	\$25,874	216		0%	0%	0%	05-ANESTHESIA (38%)	88-UNKNOH SUPPL (23%)	43-CRNA (23%)
01906-Anesth, lumbar myelography	\$46,203	473		0%	0%	26%	05-ANESTHESIA (50%)	43-CRNA (40%)	30-RADIOLOGY (7%)
01908-Anesth, cervical myelography	\$10,466	87		0%	0%	30%	43-CRNA (47%)	05-ANESTHESIA (45%)	30-RADIOLOGY (3%)
01910-Anesth, skull myelography	\$46,503	291		0%	0%	1%	05-ANESTHESIA (73%)	43-CRNA (23%)	88-UNKNOH SUPPL (2%)
01912-Anesth, lumbar discography	\$80,910	801		0%	0%	8%	05-ANESTHESIA (58%)	43-CRNA (38%)	88-UNKNOH SUPPL (2%)
01914-Anesth, cervical discography	\$11,586	93		0%	0%	5%	05-ANESTHESIA (66%)	43-CRNA (32%)	70-GROUP PRAC (1%)
01916-Anesth, head arteriogram	\$916,568	7,446		0%	0%	0%	05-ANESTHESIA (59%)	43-CRNA (38%)	88-UNKNOH SUPPL (1%)
01918-Anesth, limb arteriogram	\$920,522	8,412		0%	0%	0%	05-ANESTHESIA (52%)	43-CRNA (28%)	30-RADIOLOGY (18%)

Procedure	1993 MC Units of Service	1993 MC Allowed Charges	Pct. of Family Allchgs Period	Global	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
01180-Anesth, pelvis nerve removal	78	\$6,196	0%			0%	05-ANESTHESIA (64%)	43-CRNA (35%)	01-OB-GP/FP (1%)
01190-Anesth, pelvis nerve removal	97	\$9,871	0%			0%	05-ANESTHESIA (58%)	43-CRNA (39%)	88-UNKNOWN SUPPL (2%)
01200-Anesth, hip joint procedure	14,165	\$1,389,347	0%			0%	05-ANESTHESIA (73%)	43-CRNA (23%)	88-UNKNOWN SUPPL (2%)
01200-Anesth, arthroscopy of hip	694	\$98,025	0%			0%	05-ANESTHESIA (61%)	43-CRNA (31%)	88-UNKNOWN SUPPL (6%)
01210-Anesth, hip joint surgery	157,452	\$26,446,913	2%			0%	05-ANESTHESIA (71%)	43-CRNA (25%)	88-UNKNOWN SUPPL (4%)
01212-Anesth, hip disarticulation	1,517	\$363,506	0%			0%	05-ANESTHESIA (69%)	43-CRNA (26%)	88-UNKNOWN SUPPL (4%)
01214-Anesth, replacement of hip	140,068	\$35,230,959	3%			0%	05-ANESTHESIA (70%)	43-CRNA (26%)	88-UNKNOWN SUPPL (2%)
01220-Anesth, procedure on femur	5,390	\$642,881	0%			0%	05-ANESTHESIA (64%)	43-CRNA (31%)	88-UNKNOWN SUPPL (3%)
01230-Anesth, surgery of femur	141,415	\$23,853,603	2%			0%	05-ANESTHESIA (73%)	43-CRNA (23%)	70-GROUP PRAC (1%)
01232-Anesth, amputation of femur	34,573	\$4,598,843	0%			0%	05-ANESTHESIA (69%)	43-CRNA (27%)	88-UNKNOWN SUPPL (1%)
01234-Anesth, radical femur surg	399	\$77,165	2%			2%	05-ANESTHESIA (66%)	43-CRNA (28%)	88-UNKNOWN SUPPL (3%)
01240-Anesth, upper leg skin surg	16,462	\$1,606,283	0%			0%	05-ANESTHESIA (69%)	43-CRNA (26%)	88-UNKNOWN SUPPL (2%)
01250-Anesth, upper leg surgery	8,513	\$987,394	0%			0%	05-ANESTHESIA (73%)	43-CRNA (24%)	88-UNKNOWN SUPPL (1%)
01260-Anesth, upper leg veins surg	7,238	\$992,699	0%			0%	05-ANESTHESIA (70%)	43-CRNA (24%)	70-GROUP PRAC (3%)
01270-Anesth, thigh arteries surg	97,082	\$25,629,463	2%			0%	05-ANESTHESIA (75%)	43-CRNA (21%)	88-UNKNOWN SUPPL (2%)
01272-Anesth, femoral artery surg	460	\$60,704	0%			0%	05-ANESTHESIA (73%)	43-CRNA (23%)	88-UNKNOWN SUPPL (3%)
01274-Anesth, femoral embolectomy	15,744	\$2,786,488	0%			0%	05-ANESTHESIA (75%)	43-CRNA (21%)	88-UNKNOWN SUPPL (2%)
01300-Anesth, skin surgery, knee	6,439	\$619,656	0%			0%	05-ANESTHESIA (68%)	43-CRNA (28%)	88-UNKNOWN SUPPL (2%)
01320-Anesth, knee area surgery	8,371	\$1,024,853	0%			0%	05-ANESTHESIA (73%)	43-CRNA (23%)	88-UNKNOWN SUPPL (2%)
01340-Anesth, knee area procedure	1,394	\$173,953	0%			0%	05-ANESTHESIA (70%)	43-CRNA (26%)	70-GROUP PRAC (2%)
01360-Anesth, knee area surgery	13,931	\$2,349,202	0%			0%	05-ANESTHESIA (70%)	43-CRNA (26%)	88-UNKNOWN SUPPL (2%)
01380-Anesth, knee joint procedure	5,318	\$376,064	0%			0%	05-ANESTHESIA (71%)	43-CRNA (25%)	70-GROUP PRAC (1%)
01382-Anesth, knee arthroscopy	103,459	\$10,259,129	1%			0%	05-ANESTHESIA (70%)	43-CRNA (25%)	88-UNKNOWN SUPPL (2%)
01390-Anesth, knee area procedure	1,312	\$132,425	0%			0%	05-ANESTHESIA (70%)	43-CRNA (26%)	88-UNKNOWN SUPPL (2%)
01392-Anesth, knee area surgery	17,977	\$2,530,624	0%			0%	05-ANESTHESIA (71%)	43-CRNA (27%)	88-UNKNOWN SUPPL (2%)
01400-Anesth, knee joint surgery	12,064	\$1,597,658	0%			0%	05-ANESTHESIA (69%)	43-CRNA (25%)	88-UNKNOWN SUPPL (3%)
01402-Anesth, replacement of knee	189,938	\$38,442,140	3%			0%	05-ANESTHESIA (68%)	43-CRNA (28%)	88-UNKNOWN SUPPL (2%)
01404-Anesth, amputation at knee	2,913	\$417,966	0%			0%	05-ANESTHESIA (70%)	43-CRNA (26%)	88-UNKNOWN SUPPL (2%)
01420-Anesth, knee joint casting	956	\$102,758	0%			0%	05-ANESTHESIA (56%)	43-CRNA (37%)	88-UNKNOWN SUPPL (4%)
01430-Anesth, knee veins surgery	712	\$126,646	0%			0%	05-ANESTHESIA (80%)	43-CRNA (18%)	70-GROUP PRAC (1%)
01432-Anesth, knee vessel surg	2,921	\$458,828	0%			0%	05-ANESTHESIA (70%)	43-CRNA (25%)	88-UNKNOWN SUPPL (3%)
01440-Anesth, knee arteries surg	2,748	\$539,458	0%			0%	05-ANESTHESIA (82%)	43-CRNA (16%)	88-UNKNOWN SUPPL (2%)
01442-Anesth, knee artery surg	1,177	\$304,677	0%			0%	05-ANESTHESIA (72%)	43-CRNA (22%)	88-UNKNOWN SUPPL (3%)
01444-Anesth, knee artery repair	4,466	\$1,267,872	0%			0%	05-ANESTHESIA (70%)	43-CRNA (26%)	88-UNKNOWN SUPPL (2%)
01460-Anesth, lower leg skin surg	69,990	\$6,397,771	1%			0%	05-ANESTHESIA (69%)	43-CRNA (28%)	88-UNKNOWN SUPPL (2%)
01462-Anesth, lower leg procedure	7,107	\$664,486	0%			0%	05-ANESTHESIA (69%)	43-CRNA (28%)	88-UNKNOWN SUPPL (2%)
01464-Anesth, ankle arthroscopy	1,208	\$145,266	0%			2%	05-ANESTHESIA (71%)	43-CRNA (25%)	88-UNKNOWN SUPPL (2%)
01470-Anesth, lower leg surgery	49,807	\$4,871,417	0%			1%	05-ANESTHESIA (71%)	43-CRNA (25%)	70-GROUP PRAC (1%)
01472-Anesth, achilles tendon surg	1,142	\$170,867	0%			0%	05-ANESTHESIA (82%)	43-CRNA (14%)	88-UNKNOWN SUPPL (1%)
01474-Anesth, lower leg surgery	72	\$12,732	0%			0%	05-ANESTHESIA (74%)	43-CRNA (24%)	88-UNKNOWN SUPPL (3%)
01480-Anesth, lower leg bone surg	173,994	\$19,256,974	2%			1%	05-ANESTHESIA (74%)	43-CRNA (22%)	88-UNKNOWN SUPPL (3%)
01482-Anesth, radical leg surgery	10,008	\$1,255,071	0%			1%	05-ANESTHESIA (75%)	43-CRNA (21%)	88-UNKNOWN SUPPL (3%)
01484-Anesth, lower leg revision	2,773	\$389,019	0%			0%	05-ANESTHESIA (60%)	43-CRNA (36%)	88-UNKNOWN SUPPL (2%)
01486-Anesth, ankle replacement	227	\$45,569	0%			0%	05-ANESTHESIA (62%)	43-CRNA (30%)	70-GROUP PRAC (2%)
01490-Anesth, lower leg casting	575	\$50,579	0%			1%	05-ANESTHESIA (62%)	43-CRNA (26%)	88-UNKNOWN SUPPL (3%)
01500-Anesth, leg arthroscopy	7,223	\$1,899,184	0%			0%	05-ANESTHESIA (72%)	43-CRNA (26%)	88-UNKNOWN SUPPL (4%)
01502-Anesth, lowerleg embolectomy	1,409	\$255,406	0%			0%	05-ANESTHESIA (67%)	43-CRNA (24%)	88-UNKNOWN SUPPL (2%)
01520-Anesth, lower leg vein surg	2,573	\$352,184	0%			0%	05-ANESTHESIA (66%)	43-CRNA (28%)	88-UNKNOWN SUPPL (3%)
01522-Anesth, lower leg vein surg	5,730	\$818,805	0%			0%	05-ANESTHESIA (66%)	43-CRNA (28%)	88-UNKNOWN SUPPL (3%)
01600-Anesth, shoulder skin surg	9,124	\$844,073	0%			0%	05-ANESTHESIA (66%)	43-CRNA (29%)	70-GROUP PRAC (4%)
01610-Anesth, surgery of shoulder	36,826	\$5,370,136	0%			0%	05-ANESTHESIA (72%)	43-CRNA (24%)	88-UNKNOWN SUPPL (3%)
01620-Anesth, shoulder procedure	6,929	\$644,570	0%			0%	05-ANESTHESIA (70%)	43-CRNA (27%)	88-UNKNOWN SUPPL (2%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family PrivPmts	Pct. of Family Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
01920-Anesth, catheterize heart	\$1,268,497	9,810		0%		0%	05-ANESTHESIA (68%)	43-CRNA (23%)	06-CARDIOLOGY (7%)
01921-Anesth, vessel surgery	\$4,708,992	30,111		0%		0%	05-ANESTHESIA (87%)	43-CRNA (10%)	30-RADIOLOGY (1%)
01922-Anesth, cat or MRI scan	\$679,287	4,865		0%		7%	05-ANESTHESIA (65%)	43-CRNA (26%)	30-RADIOLOGY (6%)
01990-Support for organ donor	\$11,085	5,272		0%		0%	05-ANESTHESIA (94%)	43-CRNA (6%)	30-RADIOLOGY (0%)
01995-Regional anesthesia, limb	\$336,183	124,298		0%		0%	05-ANESTHESIA (56%)	43-CRNA (37%)	88-UNKNOWN SUPPL (6%)
01996-Manage daily drug therapy	\$7,840,918	737,829		1%		0%	05-ANESTHESIA (97%)	43-CRNA (2%)	70-GROUP PRAC (0%)
99186-Total body hypothermia	\$49,675	1,214	XXX	0%	100%	0%	05-ANESTHESIA (98%)	33-THORACIC SURG (2%)	93-EMERGENCY MED (0%)
1432-Other Anesthesia Services Family Medicare Charges: \$90,090,548 Family Private Payments: \$2,870,351									
62274-Inject spinal anesthetic	\$1,651,534	22,589	000	2%		9%	05-ANESTHESIA (75%)	43-CRNA (6%)	01,08-GP/FP (3%)
62275-Inject spinal anesthetic	\$1,081,700	11,555	000	1%		10%	05-ANESTHESIA (87%)	70-GROUP PRAC (4%)	43-CRNA (2%)
62276-Inject spinal anesthetic	\$165,152	1,458	000	0%		11%	05-ANESTHESIA (83%)	34-UROLOGY (5%)	49-ASC (5%)
62277-Inject spinal anesthetic	\$139,250	1,495	000	0%		25%	05-ANESTHESIA (67%)	14-NEUROSURGERY (26%)	49-ASC (2%)
62278-Inject spinal anesthetic	\$16,626,807	144,418	000	18%		13%	05-ANESTHESIA (76%)	49-ASC (8%)	20-ORTHOPEID SURG (5%)
62279-Inject spinal anesthetic	\$11,057,523	114,178	000	12%		27%	05-ANESTHESIA (95%)	43-CRNA (2%)	70-GROUP PRAC (1%)
62280-Treat spinal cord lesion	\$44,921	432	010	0%		19%	05-ANESTHESIA (88%)	70-GROUP PRAC (9%)	14-NEUROSURGERY (8%)
62281-Treat spinal cord lesion	\$121,818	816	010	0%		20%	05-ANESTHESIA (88%)	01,08-GP/FP (2%)	14-NEUROSURGERY (2%)
62282-Treat spinal canal lesion	\$924,684	5,454	010	1%		34%	05-ANESTHESIA (56%)	20-ORTHOPEID SURG (8%)	11-INTERNAL MED (8%)
62288-Injection into spinal canal	\$716,436	6,396	000	1%		11%	05-ANESTHESIA (65%)	30-RADIOLOGY (10%)	20-ORTHOPEID SURG (7%)
62289-Injection into spinal canal	\$29,526,740	226,289	000	33%		23%	05-ANESTHESIA (78%)	49-ASC (11%)	20-ORTHOPEID SURG (4%)
62298-Injection into spinal canal	\$1,111,115	9,432	000	1%		17%	05-ANESTHESIA (90%)	25-PHYSICL-REHAB (2%)	70-GROUP PRAC (1%)
64400-Injection for nerve block	\$407,134	9,109	000	0%		1%	05-ANESTHESIA (25%)	11-INTERNAL MED (10%)	01,08-GP/FP (9%)
64402-Injection for nerve block	\$152,127	3,018	000	0%		41%	18-OPHTHALMOLOGY (42%)	05-ANESTHESIA (22%)	19-ORAL SURGERY (17%)
64405-Injection for nerve block	\$727,936	14,964	000	1%		2%	13-NEUROLOGY (43%)	13-NEUROLOGY (23%)	01,08-GP/FP (12%)
64408-Injection for nerve block	\$11,912	150	000	0%		83%	04-OTOLARYNG (69%)	05-ANESTHESIA (11%)	05-ANESTHESIA (11%)
64410-Injection for nerve block	\$19,089	114	000	0%		9%	49-ASC (44%)	05-ANESTHESIA (38%)	01,08-GP/FP (5%)
64412-Injection for nerve block	\$45,932	687	000	0%		63%	05-ANESTHESIA (43%)	01,08-GP/FP (18%)	70-GROUP PRAC (12%)
64413-Injection for nerve block	\$217,772	3,258	000	0%		67%	05-ANESTHESIA (36%)	01,08-GP/FP (16%)	13-NEUROLOGY (14%)
64415-Injection for nerve block	\$296,757	4,496	000	0%		21%	05-ANESTHESIA (75%)	01,08-GP/FP (7%)	20-ORTHOPEID SURG (4%)
64417-Injection for nerve block	\$107,839	1,505	000	0%		16%	05-ANESTHESIA (60%)	20-ORTHOPEID SURG (14%)	02-GNRL SURGERY (8%)
64418-Injection for nerve block	\$276,991	4,628	000	0%		73%	05-ANESTHESIA (56%)	25-PHYSICL-REHAB (8%)	01,08-GP/FP (8%)
64420-Injection for nerve block	\$678,590	9,419	000	1%		52%	05-ANESTHESIA (39%)	01,08-GP/FP (14%)	11-INTERNAL MED (10%)
64421-Injection for nerve block	\$1,683,348	17,116	000	2%		32%	05-ANESTHESIA (68%)	01,08-GP/FP (7%)	49-ASC (5%)
64425-Injection for nerve block	\$222,979	4,007	000	0%		41%	05-ANESTHESIA (53%)	02-GNRL SURGERY (25%)	34-UROLOGY (7%)
64430-Injection for nerve block	\$29,069	388	000	0%		42%	05-ANESTHESIA (30%)	16-OB-GYNECOLOGY (19%)	34-UROLOGY (15%)
64435-Injection for nerve block	\$115,634	2,853	000	0%		85%	16-OB-GYNECOLOGY (91%)	01,08-GP/FP (2%)	05-ANESTHESIA (2%)
64440-Injection for nerve block	\$2,173,173	33,286	000	2%		79%	01,08-GP/FP (20%)	05-ANESTHESIA (20%)	20-ORTHOPEID SURG (14%)
64442-Injection for nerve block	\$2,348,187	25,258	000	3%		73%	05-ANESTHESIA (33%)	01,08-GP/FP (19%)	66-RHEUMATOLOGY (12%)
64444-Injection for nerve block	\$3,901,987	36,538	000	4%		44%	05-ANESTHESIA (37%)	20-ORTHOPEID SURG (20%)	14-NEUROSURGERY (8%)
64443-Injection for nerve block	\$3,171,634	43,133	222	4%		28%	05-ANESTHESIA (50%)	14-NEUROSURGERY (11%)	20-ORTHOPEID SURG (10%)
64445-Injection for nerve block	\$509,120	10,899	000	1%		83%	01,08-GP/FP (23%)	05-ANESTHESIA (23%)	66-RHEUMATOLOGY (18%)
64450-Injection for nerve block	\$5,325,968	113,212	000	6%		77%	48-PODIATRY (65%)	05-ANESTHESIA (15%)	01,08-GP/FP (5%)
64505-Injection for nerve block	\$280,416	4,014	000	0%		90%	06-OTOLARYNG (33%)	05-ANESTHESIA (29%)	11-INTERNAL MED (20%)
64508-Injection for nerve block	\$1,932	28	000	0%		57%	06-CARDIOLOGY (54%)	05-ANESTHESIA (18%)	13-NEUROLOGY (14%)
64510-Injection for nerve block	\$1,529,752	15,181	000	2%		17%	05-ANESTHESIA (78%)	49-ASC (11%)	13-NEUROLOGY (4%)
64520-Injection for nerve block	\$1,025,129	12,653	000	1%		37%	05-ANESTHESIA (70%)	25-PHYSICL-REHAB (9%)	49-ASC (8%)
64530-Injection for nerve block	\$157,465	1,286	000	0%		18%	05-ANESTHESIA (82%)	30-RADIOLOGY (5%)	49-ASC (4%)
64620-Injection treatment of nerve	\$133,926	1,180	010	0%		14%	05-ANESTHESIA (73%)	14-NEUROSURGERY (7%)	49-ASC (5%)
64622-Injection treatment of nerve	\$435,224	2,297	010	0%		20%	05-ANESTHESIA (56%)	14-NEUROSURGERY (12%)	49-ASC (10%)

Top Medicare Specialties (% of Procedure Volume)

1993 MC Allowed Charges

1993 MC Units of Service

Pct. of Family AllChgs

Pct. of Family Privmts

Pct. of Vol. in OFFICE

First Specialty Second Specialty Third Specialty

Procedure

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Pct. of Family AllChgs	Pct. of Family Privmts	Pct. of Vol. in OFFICE	First Specialty	Second Specialty	Third Specialty
64623-Injection treatment of nerve	\$282,128	3,585	0%	.	8%	05-ANESTHESIA (65%)	14-NEUROSURGERY (13%)	20-ORTHOPEDE SURG (7%)
64630-Injection treatment of nerve	\$2,998	21	0%	.	43%	20-ORTHOPEDE SURG (36%)	05-ANESTHESIA (29%)	25-PHYSICL-REHAB (10%)
64640-Injection treatment of nerve	\$337,739	3,662	0%	0%	46%	25-PHYSICL-REHAB (33%)	05-ANESTHESIA (32%)	48-PODIATRY (11%)
64680-Injection treatment of nerve	\$312,981	1,304	0%	.	6%	05-ANESTHESIA (84%)	30-RADIOLOGY (5%)	02-GNRL SURGERY (5%)

CPEP 15 - NEUROSURGERY

C15 1500-Major Procedure - Twist Drill, Burr Hole, Trephine

Family Medicare Charges: \$11,616,956
 Family Private Payments: \$280,400
 Percent of CPEP Medicare Charges: 4%
 Percent of CPEP Private Payments: 1%

61105-Drill skull for examination	\$109,929	218	090	1%	0%	14-NEUROSURGERY (93%)	13-NEUROLOGY (3%)	01,08-GP/FP (0%)
61106-Drill skull for exam/surgery	\$46,206	101	ZZZ	0%	1%	14-NEUROSURGERY (95%)	13-NEUROLOGY (3%)	70-GROUP PRAC (1%)
61107-Drill skull for implantation	\$1,093,928	2,454	000	9%	33%	14-NEUROSURGERY (88%)	70-GROUP PRAC (4%)	13-NEUROLOGY (3%)
61108-Drill skull for drainage	\$553,378	835	090	5%		14-NEUROSURGERY (74%)	05-ANESTHESIA (18%)	13-NEUROLOGY (3%)
61120-Pierce skull for examination	\$41,358	90	090	0%	0%	14-NEUROSURGERY (97%)	02-GNRL SURGERY (1%)	11-INTERNAL MED (1%)
61130-Pierce skull, exam/surgery	\$44,447	126	ZZZ	0%	2%	14-NEUROSURGERY (88%)	02-GNRL SURGERY (5%)	70-GROUP PRAC (4%)
61140-Pierce skull for biopsy	\$463,545	118	090	4%	1%	14-NEUROSURGERY (86%)	13-NEUROLOGY (7%)	70-GROUP PRAC (4%)
61150-Pierce skull for drainage	\$110,376	489	090	1%	3%	14-NEUROSURGERY (87%)	02-GNRL SURGERY (4%)	70-GROUP PRAC (3%)
61151-Pierce skull for drainage	\$13,035	50	090	0%	2%	14-NEUROSURGERY (88%)	30-RADIOLOGY (6%)	70-GROUP PRAC (6%)
61154-Pierce skull, remove clot	\$7,625,423	6,470	090	66%	25%	14-NEUROSURGERY (88%)	13-NEUROLOGY (3%)	70-GROUP PRAC (3%)
61156-Pierce skull for drainage	\$206,544	185	090	2%		14-NEUROSURGERY (91%)	02-GNRL SURGERY (3%)	13-NEUROLOGY (2%)
61210-Pierce skull; implant device	\$1,077,933	2,208	000	9%	42%	14-NEUROSURGERY (90%)	70-GROUP PRAC (4%)	13-NEUROLOGY (3%)
61215-Insert brain-fluid device	\$192,635	324	090	2%	1%	14-NEUROSURGERY (86%)	13-NEUROLOGY (3%)	70-GROUP PRAC (2%)
61250-Pierce skull & explore	\$26,902	50	090	0%	2%	14-NEUROSURGERY (70%)	24-PLASTIC SURG (12%)	70-GROUP PRAC (6%)
61253-Pierce skull & explore	\$11,317	16	090	0%	0%	14-NEUROSURGERY (88%)	02-GNRL SURGERY (6%)	70-GROUP PRAC (6%)

1504-Major Procedure - Craniectomy or Craniotomy

Family Medicare Charges: \$49,045,066
 Family Private Payments: \$2,724,446
 Percent of CPEP Medicare Charges: 15%
 Percent of CPEP Private Payments: 13%

61304-Open skull for exploration	\$605,722	411	090	1%	0%	14-NEUROSURGERY (81%)	70-GROUP PRAC (5%)	02-GNRL SURGERY (5%)
61305-Open skull for exploration	\$148,904	105	090	0%	4%	14-NEUROSURGERY (76%)	02-GNRL SURGERY (9%)	01,08-GP/FP (4%)
61312-Open skull for drainage	\$11,263,081	7,490	090	23%	9%	14-NEUROSURGERY (86%)	02-GNRL SURGERY (4%)	13-NEUROLOGY (3%)
61313-Open skull for drainage	\$3,643,904	2,375	090	7%	5%	14-NEUROSURGERY (84%)	02-GNRL SURGERY (5%)	70-GROUP PRAC (3%)
61314-Open skull for drainage	\$1,173,196	760	090	2%	0%	14-NEUROSURGERY (81%)	13-NEUROLOGY (7%)	02-GNRL SURGERY (4%)
61315-Open skull for drainage	\$1,174,695	734	090	2%	0%	14-NEUROSURGERY (85%)	02-GNRL SURGERY (4%)	70-GROUP PRAC (4%)
61320-Open skull for drainage	\$237,278	194	090	0%	3%	14-NEUROSURGERY (83%)	02-GNRL SURGERY (5%)	01,08-GP/FP (4%)
61321-Open skull for drainage	\$20,376	18	090	0%	2%	14-NEUROSURGERY (78%)	02-GNRL SURGERY (6%)	04-OTOLARYNG (6%)
61333-Explore orbit; remove lesion	\$82,842	66	090	0%	0%	14-NEUROSURGERY (44%)	18-OPHTHALMOLOGY (27%)	04-OTOLARYNG (11%)
61334-Explore orbit; remove object	\$5,146	11	090	0%	0%	14-NEUROSURGERY (45%)	70-GROUP PRAC (36%)	18-OPHTHALMOLOGY (18%)
61340-Relieve cranial pressure	\$53,871	94	090	0%	1%	14-NEUROSURGERY (67%)	02-GNRL SURGERY (11%)	04-OTOLARYNG (5%)
61343-Incise skull, pressure relief	\$408,425	236	090	1%	4%	14-NEUROSURGERY (82%)	70-GROUP PRAC (8%)	02-GNRL SURGERY (3%)
61345-Relieve cranial pressure	\$57,342	51	090	0%	2%	14-NEUROSURGERY (94%)	02-GNRL SURGERY (2%)	13-NEUROLOGY (2%)
61440-Incise skull for surgery	\$5,945	14	090	0%	0%	14-NEUROSURGERY (57%)	04-OTOLARYNG (14%)	30-RADIOLOGY (14%)
61450-Incise skull for surgery	\$80,868	71	090	0%	1%	14-NEUROSURGERY (85%)	02-GNRL SURGERY (7%)	97-PHYS ASSISTANT (4%)
61458-Incise skull for brain wound	\$1,284,463	770	090	3%	4%	14-NEUROSURGERY (84%)	70-GROUP PRAC (6%)	13-NEUROLOGY (3%)
61460-Incise skull for surgery	\$272,290	195	090	1%	0%	14-NEUROSURGERY (75%)	04-OTOLARYNG (20%)	13-NEUROLOGY (2%)
61470-Incise skull for surgery	\$9,760	9	090	0%	0%	14-NEUROSURGERY (67%)	70-GROUP PRAC (33%)	(.)
61480-Incise skull for surgery	\$1,744	2	090	0%	0%	70-GROUP PRAC (100%)	(.)	(.)
61490-Incise skull for surgery	\$11,668	36	090	0%	3%	14-NEUROSURGERY (61%)	01,08-GP/FP (28%)	13-NEUROLOGY (3%)
61500-Removal of skull lesion	\$641,112	533	090	1%	2%	14-NEUROSURGERY (65%)	24-PLASTIC SURG (9%)	02-GNRL SURGERY (7%)
61501-Remove infected skull bone	\$88,240	94	090	0%	6%	14-NEUROSURGERY (66%)	24-PLASTIC SURG (14%)	02-GNRL SURGERY (5%)
61510-Removal of brain lesion	\$9,899,295	6,434	090	20%	33%	14-NEUROSURGERY (85%)	02-GNRL SURGERY (4%)	70-GROUP PRAC (3%)
61512-Remove brain lining lesion	\$5,831,427	3,574	090	12%	1%	14-NEUROSURGERY (88%)	70-GROUP PRAC (4%)	02-GNRL SURGERY (3%)
61514-Removal of brain abscess	\$188,409	116	090	0%	1%	14-NEUROSURGERY (89%)	02-GNRL SURGERY (4%)	70-GROUP PRAC (3%)
61516-Removal of brain lesion	\$216,446	158	090	0%	0%	14-NEUROSURGERY (82%)	02-GNRL SURGERY (6%)	13-NEUROLOGY (4%)
61518-Removal of brain lesion	\$2,699,533	1,469	090	6%	1%	14-NEUROSURGERY (85%)	02-GNRL SURGERY (3%)	70-GROUP PRAC (3%)
61519-Remove brain lining lesion	\$1,714,209	894	090	3%	0%	14-NEUROSURGERY (84%)	02-GNRL SURGERY (3%)	13-NEUROLOGY (3%)

Procedure	1993 MC Allowed Charges		1993 MC Service Units of Global Period		Pct. of Family Vol. In		Pct. of Family		Pct. of Procedure Vol.(ums)		Top Medicare Specialties (% of Procedure Vol.(ums))	
											First Specialty	Second Specialty
61520-Removal of brain lesion	\$1,499,675	712	090	3%	1%	1%	14-NEUROSURGERY (71%)	04-OTOLARYNG (19%)	70-GROUP PRAC (4%)			
61521-Removal of brain lesion	\$476,951	234	090	1%	0%	0%	14-NEUROSURGERY (80%)	04-OTOLARYNG (8%)	70-GROUP PRAC (4%)			
61522-Removal of brain abscess	\$31,831	24	090	0%	0%	0%	14-NEUROSURGERY (71%)	70-GROUP PRAC (8%)	01,08-GP/FP (6%)			
61524-Removal of brain lesion	\$91,529	65	090	0%	0%	0%	14-NEUROSURGERY (83%)	01,08-GP/FP (3%)	02-GNRL SURGERY (3%)			
61526-Removal of brain lesion	\$566,704	308	090	1%	3%	3%	04-OTOLARYNG (61%)	14-NEUROSURGERY (32%)	70-GROUP PRAC (4%)			
61530-Removal of brain lesion	\$362,203	166	090	1%	1%	1%	14-NEUROSURGERY (56%)	04-OTOLARYNG (40%)	70-GROUP PRAC (2%)			
61534-Removal of brain lesion	\$9,422	15	090	0%	0%	0%	14-NEUROSURGERY (87%)	70-GROUP PRAC (13%)	(.)			
61535-Remove brain electrodes	\$18,431	45	090	0%	0%	0%	14-NEUROSURGERY (82%)	05-ANESTHESIA (9%)	02-GNRL SURGERY (4%)			
61536-Removal of brain lesion	\$52,980	38	090	0%	0%	0%	14-NEUROSURGERY (86%)	13-NEUROLOGY (11%)	04-OTOLARYNG (3%)			
61538-Removal of brain tissue	\$476,215	269	090	1%	0%	0%	14-NEUROSURGERY (84%)	70-GROUP PRAC (6%)	05-ANESTHESIA (4%)			
61539-Removal of brain tissue	\$79,466	63	090	0%	2%	2%	14-NEUROSURGERY (87%)	70-GROUP PRAC (8%)	01,08-GP/FP (6%)			
61541-Incision of brain tissue	\$35,202	26	090	0%	0%	0%	14-NEUROSURGERY (73%)	70-GROUP PRAC (12%)	04-OTOLARYNG (8%)			
61542-Removal of brain tissue	\$8,055	7	090	0%	0%	0%	14-NEUROSURGERY (86%)	70-GROUP PRAC (14%)	(.)			
61543-Removal of brain tissue	\$15,513	22	090	0%	5%	5%	14-NEUROSURGERY (91%)	01,08-GP/FP (5%)	11-INTERNAL MED (5%)			
61544-Remove & treat brain lesion	\$847	1	090	0%	0%	0%	14-NEUROSURGERY (100%)	(.)	(.)			
61545-Excision of brain tumor	\$87,466	52	090	0%	2%	2%	14-NEUROSURGERY (88%)	70-GROUP PRAC (6%)	02-GNRL SURGERY (2%)			
61546-Removal of pituitary gland	\$293,644	183	090	1%	2%	2%	14-NEUROSURGERY (87%)	13-NEUROLOGY (3%)	70-GROUP PRAC (3%)			
61548-Removal of pituitary gland	\$2,657,908	1,870	090	5%	11%	1%	14-NEUROSURGERY (67%)	04-OTOLARYNG (27%)	70-GROUP PRAC (2%)			
61550-Release of skull seams	\$584	2	090	0%	0%	0%	14-NEUROSURGERY (50%)	33-THORACIC SURG (50%)	(.)			
61552-Release of skull seams	\$495	2	090	0%	0%	100%	11-INTERNAL MED (100%)	(.)	(.)			
61556-Incise skull/sutures	\$8,907	3	090	0%	0%	0%	14-NEUROSURGERY (100%)	(.)	(.)			
61557-Incise skull/sutures	\$7,219	4	090	0%	0%	0%	14-NEUROSURGERY (100%)	(.)	(.)			
61558-Excision of skull/sutures	-	4	090	0%	0%	0%	(.)	(.)	(.)			
61559-Excision of skull/sutures	\$5,112	2	090	0%	0%	0%	14-NEUROSURGERY (100%)	(.)	(.)			
61563-Excision of skull tumor	\$11,828	5	090	0%	0%	0%	14-NEUROSURGERY (80%)	24-PLASTIC SURG (20%)	(.)			
61564-Excision of skull tumor	\$24,031	13	090	0%	0%	0%	14-NEUROSURGERY (62%)	70-GROUP PRAC (15%)	01,08-GP/FP (8%)			
61570-Remove brain foreign body	\$38,449	46	090	0%	0%	0%	14-NEUROSURGERY (70%)	88-UNKNOWN SUPPL (17%)	01,08-GP/FP (7%)			
61571-Incise skull for brain wound	\$45,916	38	090	0%	0%	0%	14-NEUROSURGERY (87%)	13-NEUROLOGY (5%)	04-OTOLARYNG (3%)			
61575-Skull base/brainstem surgery	\$295,712	179	090	1%	11%	11%	14-NEUROSURGERY (50%)	04-OTOLARYNG (34%)	70-GROUP PRAC (4%)			
61576-Skull base/brainstem surgery	\$22,580	15	090	0%	0%	0%	04-OTOLARYNG (60%)	14-NEUROSURGERY (20%)	01,08-GP/FP (7%)			

1508-Major Procedure - Intracranial Surgery and Skull Procedures

Family Medicare Charges: \$22,341,697 Percent of CPEP Medicare Charges: 7%

Family Private Payments: \$1,248,111 Percent of CPEP Private Payments: 6%

61580-Craniofacial approach, skull	090	0%	(.)	(.)	(.)
61581-Craniofacial approach, skull	090	0%	(.)	(.)	(.)
61582-Craniofacial approach, skull	090	0%	(.)	(.)	(.)
61583-Craniofacial approach, skull	090	0%	(.)	(.)	(.)
61584-Orbitocranial approach/skull	090	0%	(.)	(.)	(.)
61585-Orbitocranial approach/skull	090	0%	(.)	(.)	(.)
61590-Infratemporal approach/skull	090	0%	(.)	(.)	(.)
61591-Infratemporal approach/skull	090	0%	(.)	(.)	(.)
61592-Orbitocranial approach/skull	090	0%	(.)	(.)	(.)
61593-Transcranial approach/skull	090	0%	(.)	(.)	(.)
61596-Transcondylar approach/skull	090	0%	(.)	(.)	(.)
61597-Transcondylar approach/skull	090	0%	(.)	(.)	(.)
61598-Transpetrosal approach/skull	090	0%	(.)	(.)	(.)
61600-Resect/excise cranial lesion	090	0%	(.)	(.)	(.)
61601-Resect/excise cranial lesion	090	0%	(.)	(.)	(.)
61605-Resect/excise cranial lesion	090	0%	(.)	(.)	(.)
61606-Resect/excise cranial lesion	090	0%	(.)	(.)	(.)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Altdchs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
61607-Resect/excise cranial lesion	.	.	090	.	.	.	(.)	(.)	(.)
61608-Resect/excise cranial lesion	.	.	090	.	.	.	(.)	(.)	(.)
61609-Transsect, artery, sinus	.	.	ZZZ	.	.	.	(.)	(.)	(.)
61610-Transsect, artery, sinus	.	.	ZZZ	.	.	.	(.)	(.)	(.)
61611-Transsect, artery, sinus	.	.	ZZZ	.	.	.	(.)	(.)	(.)
61612-Transsect, artery, sinus	.	.	ZZZ	.	.	.	(.)	(.)	(.)
61613-Remove aneurysm, sinus	.	.	090	.	.	.	(.)	(.)	(.)
61615-Resect/excise lesion, skull	.	.	090	.	.	.	(.)	(.)	(.)
61616-Resect/excise lesion, skull	.	.	090	.	.	.	(.)	(.)	(.)
61618-Repair dura	.	.	090	.	.	.	(.)	(.)	(.)
61619-Repair dura	.	.	090	.	.	.	(.)	(.)	(.)
61680-Intracranial vessel surgery	\$235,261	132	090	1%	1%	14-NEUROSURGERY (86%)	01,08-GP/FP (6%)	70-GROUP PRAC (3%)	
61682-Intracranial vessel surgery	\$368,469	167	090	2%	2%	14-NEUROSURGERY (80%)	70-GROUP PRAC (14%)	13-NEUROLOGY (3%)	
61684-Intracranial vessel surgery	\$40,418	18	090	0%	0%	14-NEUROSURGERY (83%)	13-NEUROLOGY (11%)	70-GROUP PRAC (6%)	
61686-Intracranial vessel surgery	\$142,717	63	090	1%	1%	14-NEUROSURGERY (78%)	70-GROUP PRAC (6%)	13-NEUROLOGY (5%)	
61690-Intracranial vessel surgery	\$15,591	9	090	0%	0%	14-NEUROSURGERY (78%)	70-GROUP PRAC (11%)	87-ALL OTH SUPPL (11%)	
61692-Intracranial vessel surgery	\$53,611	26	090	0%	0%	14-NEUROSURGERY (96%)	70-GROUP PRAC (4%)	(.)	
61700-Inner skull vessel surgery	\$6,503,488	3,654	090	29%	40%	14-NEUROSURGERY (86%)	05-ANESTHESIA (5%)	70-GROUP PRAC (3%)	
61702-Inner skull vessel surgery	\$584,301	298	090	3%	3%	14-NEUROSURGERY (89%)	13-NEUROLOGY (4%)	70-GROUP PRAC (3%)	
61703-Clamp neck artery	\$25,223	36	090	0%	0%	14-NEUROSURGERY (81%)	02-GNRL SURGERY (6%)	05-ANESTHESIA (3%)	
61705-Revise circulation to head	\$87,096	51	090	0%	0%	14-NEUROSURGERY (63%)	13-NEUROLOGY (20%)	02-GNRL SURGERY (6%)	
61708-Revise circulation to head	\$81,437	43	090	0%	0%	30-RADIOLOGY (77%)	14-NEUROSURGERY (9%)	94-INTERVEN RAD (9%)	
61710-Revise circulation to head	\$279,626	201	090	1%	1%	30-RADIOLOGY (53%)	14-NEUROSURGERY (30%)	01,08-GP/FP (5%)	
61711-Fusion of skull arteries	\$129,094	60	090	1%	1%	14-NEUROSURGERY (75%)	70-GROUP PRAC (18%)	13-NEUROLOGY (3%)	
61712-Skull or spine microsurgery	\$4,450,253	15,986	ZZZ	20%	30%	14-NEUROSURGERY (79%)	20-ORTHOPOD SURG (7%)	70-GROUP PRAC (3%)	
61720-Incise skull/brain surgery	\$353,214	217	090	2%	2%	14-NEUROSURGERY (82%)	34-UROLOGY (6%)	70-GROUP PRAC (5%)	
61735-Incise skull/brain surgery	\$44,000	36	090	0%	0%	14-NEUROSURGERY (94%)	70-GROUP PRAC (3%)	97-PHYS ASSISTANT (3%)	
61750-Incise skull; brain biopsy	\$1,128,190	983	090	5%	6%	14-NEUROSURGERY (78%)	05-ANESTHESIA (15%)	70-GROUP PRAC (5%)	
61751-Brain biopsy with cat scan	\$3,737,535	2,438	090	17%	12%	14-NEUROSURGERY (88%)	70-GROUP PRAC (4%)	30-RADIOLOGY (3%)	
61791-Treat trigeminal tract	\$231,842	269	090	1%	1%	14-NEUROSURGERY (69%)	05-ANESTHESIA (27%)	70-GROUP PRAC (3%)	
61793-Focus radiation beam	\$1,938,657	1,430	090	9%	12%	14-NEUROSURGERY (67%)	92-RAD ONCOLOGY (10%)	30-RADIOLOGY (10%)	
61795-Brain surgery using computer	\$194,540	786	000	1%	2%	14-NEUROSURGERY (91%)	70-GROUP PRAC (6%)	13-NEUROLOGY (1%)	
62000-Repair of skull fracture	\$25,964	86	090	0%	0%	34-UROLOGY (56%)	14-NEUROSURGERY (20%)	93-EMERGENCY MED (10%)	
62005-Repair of skull fracture	\$31,172	55	090	0%	0%	14-NEUROSURGERY (56%)	05-ANESTHESIA (33%)	34-UROLOGY (5%)	
62010-Treatment of head injury	\$177,104	201	090	1%	1%	14-NEUROSURGERY (84%)	02-GNRL SURGERY (3%)	34-UROLOGY (3%)	
62100-Repair brain fluid leakage	\$466,447	445	090	2%	2%	14-NEUROSURGERY (72%)	04-OTOLARYNG (14%)	70-GROUP PRAC (4%)	
62115-Reduction of skull defect	.	.	090	.	.	(.)	(.)	(.)	
62116-Reduction of skull defect	\$1,167	4	090	0%	0%	14-NEUROSURGERY (75%)	20-ORTHOPOD SURG (25%)	(.)	
62117-Reduction of skull defect	\$1,634	2	090	0%	0%	02-GNRL SURGERY (50%)	24-PLASTIC SURG (50%)	(.)	
62120-Repair skull cavity lesion	\$13,912	12	090	0%	0%	14-NEUROSURGERY (50%)	04-OTOLARYNG (33%)	02-GNRL SURGERY (8%)	
62121-Incise skull repair	\$16,443	18	090	0%	0%	14-NEUROSURGERY (72%)	04-OTOLARYNG (22%)	24-PLASTIC SURG (6%)	
62140-Repair of skull defect	\$213,658	388	090	1%	1%	14-NEUROSURGERY (82%)	70-GROUP PRAC (4%)	02-GNRL SURGERY (3%)	
62141-Repair of skull defect	\$361,183	477	090	2%	2%	14-NEUROSURGERY (79%)	02-GNRL SURGERY (5%)	24-PLASTIC SURG (5%)	
62142-Remove skull plate/flap	\$126,154	165	090	1%	1%	14-NEUROSURGERY (82%)	70-GROUP PRAC (6%)	24-PLASTIC SURG (4%)	
62143-Replace skull plate/flap	\$28,550	70	090	0%	0%	14-NEUROSURGERY (59%)	70-GROUP PRAC (10%)	02-GNRL SURGERY (7%)	
62145-Repair of skull & brain	\$44,326	64	090	0%	0%	14-NEUROSURGERY (81%)	01,08-GP/FP (3%)	34-UROLOGY (3%)	
62146-Repair of skull with graft	\$30,594	85	090	0%	0%	14-NEUROSURGERY (51%)	34-UROLOGY (21%)	24-PLASTIC SURG (18%)	
62147-Repair of skull with graft	\$43,473	67	090	0%	0%	14-NEUROSURGERY (52%)	24-PLASTIC SURG (25%)	70-GROUP PRAC (13%)	
69950-Incise inner ear nerve	\$32,859	35	090	0%	0%	04-OTOLARYNG (51%)	14-NEUROSURGERY (29%)	13-NEUROLOGY (9%)	
69970-Remove inner ear lesion	\$102,494	80	090	0%	0%	04-OTOLARYNG (79%)	02-GNRL SURGERY (6%)	70-GROUP PRAC (4%)	

1512-Major Procedure - Spine and Spinal Cord

Family Medicare Charges: \$8,660,790
 Family Private Payments: \$150,811

Percent of CPEP Medicare Charges: 3%
 Percent of CPEP Private Payments: 1%

49215-Excise sacral spine tumor	209	090	1%	16%	02-GNRL SURGERY (56%)	11-INTERNAL MED (9%)	20-ORTHOPED SURG (9%)
63012-Removal of spinal lamina	914	090	8%	1%	14-NEUROSURGERY (45%)	20-ORTHOPED SURG (43%)	02-GNRL SURGERY (3%)
63250-Revise spinal cord vessels	\$23,168	13	0%	0%	14-NEUROSURGERY (85%)	70-GROUP PRAC (15%)	(.)
63251-Revise spinal cord vessels	\$33,056	21	0%	0%	14-NEUROSURGERY (52%)	70-GROUP PRAC (38%)	02-GNRL SURGERY (10%)
63252-Revise spinal cord vessels	\$47,252	27	0%	0%	14-NEUROSURGERY (89%)	13-NEUROLOGY (7%)	02-GNRL SURGERY (4%)
63265-Excise intraspinal lesion	\$159,945	150	2%	1%	14-NEUROSURGERY (77%)	02-GNRL SURGERY (5%)	20-ORTHOPED SURG (3%)
63266-Excise intraspinal lesion	\$323,045	259	0%	1%	14-NEUROSURGERY (83%)	20-ORTHOPED SURG (4%)	70-GROUP PRAC (4%)
63267-Excise intraspinal lesion	\$831,147	798	0%	10%	14-NEUROSURGERY (73%)	20-ORTHOPED SURG (13%)	02-GNRL SURGERY (5%)
63268-Excise intraspinal lesion	\$19,007	25	0%	0%	14-NEUROSURGERY (60%)	70-GROUP PRAC (20%)	01,08-GP/FP (4%)
63270-Excise intraspinal lesion	\$59,626	59	0%	2%	14-NEUROSURGERY (86%)	97-PHYS ASSISTANT (5%)	20-ORTHOPED SURG (3%)
63271-Excise intraspinal lesion	\$171,337	124	0%	2%	14-NEUROSURGERY (87%)	70-GROUP PRAC (4%)	20-ORTHOPED SURG (3%)
63272-Excise intraspinal lesion	\$220,830	183	0%	3%	14-NEUROSURGERY (70%)	20-ORTHOPED SURG (10%)	70-GROUP PRAC (4%)
63273-Excise intraspinal lesion	\$12,383	10	0%	0%	14-NEUROSURGERY (75%)	02-GNRL SURGERY (10%)	20-ORTHOPED SURG (10%)
63275-81ops/excise spinal tumor	\$297,151	225	0%	3%	14-NEUROSURGERY (82%)	20-ORTHOPED SURG (8%)	13-NEUROLOGY (3%)
63276-81ops/excise spinal tumor	\$1,260,407	893	0%	15%	14-NEUROSURGERY (81%)	20-ORTHOPED SURG (11%)	02-GNRL SURGERY (3%)
63277-81ops/excise spinal tumor	\$711,487	606	0%	8%	14-NEUROSURGERY (73%)	20-ORTHOPED SURG (11%)	02-GNRL SURGERY (4%)
63278-81ops/excise spinal tumor	\$86,953	79	0%	1%	14-NEUROSURGERY (80%)	20-ORTHOPED SURG (10%)	01,08-GP/FP (3%)
63280-81ops/excise spinal tumor	\$267,109	200	0%	3%	14-NEUROSURGERY (87%)	70-GROUP PRAC (6%)	02-GNRL SURGERY (3%)
63281-81ops/excise spinal tumor	\$770,677	507	0%	9%	14-NEUROSURGERY (82%)	70-GROUP PRAC (4%)	02-GNRL SURGERY (4%)
63282-81ops/excise spinal tumor	\$403,279	302	0%	5%	14-NEUROSURGERY (79%)	70-GROUP PRAC (5%)	13-NEUROLOGY (4%)
63283-81ops/excise spinal tumor	\$25,839	26	0%	0%	14-NEUROSURGERY (65%)	20-ORTHOPED SURG (19%)	02-GNRL SURGERY (4%)
63285-81ops/excise spinal tumor	\$121,608	83	0%	1%	14-NEUROSURGERY (76%)	02-GNRL SURGERY (6%)	70-GROUP PRAC (6%)
63286-81ops/excise spinal tumor	\$225,010	142	0%	3%	14-NEUROSURGERY (89%)	02-GNRL SURGERY (3%)	70-GROUP PRAC (2%)
63287-81ops/excise spinal tumor	\$116,819	74	0%	1%	14-NEUROSURGERY (85%)	13-NEUROLOGY (3%)	20-ORTHOPED SURG (3%)
63290-81ops/excise spinal tumor	\$133,530	88	0%	2%	14-NEUROSURGERY (81%)	01,08-GP/FP (7%)	02-GNRL SURGERY (6%)
63300-Removal of vertebral body	\$116,194	117	0%	2%	14-NEUROSURGERY (68%)	20-ORTHOPED SURG (16%)	70-GROUP PRAC (5%)
63301-Removal of vertebral body	\$86,754	67	0%	1%	14-NEUROSURGERY (78%)	20-ORTHOPED SURG (9%)	33-THORACIC SURG (3%)
63302-Removal of vertebral body	\$35,914	37	0%	0%	14-NEUROSURGERY (78%)	20-ORTHOPED SURG (14%)	33-THORACIC SURG (5%)
63303-Removal of vertebral body	\$79,664	60	0%	1%	14-NEUROSURGERY (45%)	20-ORTHOPED SURG (42%)	02-GNRL SURGERY (10%)
63304-Removal of vertebral body	\$15,347	10	0%	0%	14-NEUROSURGERY (100%)	(.)	(.)
63305-Removal of vertebral body	\$17,994	21	0%	0%	14-NEUROSURGERY (52%)	02-GNRL SURGERY (14%)	01,08-GP/FP (10%)
63306-Removal of vertebral body	\$4,034	3	0%	0%	14-NEUROSURGERY (67%)	02-GNRL SURGERY (33%)	(.)
63307-Removal of vertebral body	\$25,607	26	0%	0%	14-NEUROSURGERY (46%)	06-CARDIOLOGY (27%)	20-ORTHOPED SURG (15%)
63308-Removal of vertebral body	\$32,734	100	0%	0%	14-NEUROSURGERY (89%)	20-ORTHOPED SURG (6%)	13-NEUROLOGY (2%)
63700-Repair of spinal herniation	\$17,066	34	0%	0%	20-ORTHOPED SURG (41%)	14-NEUROSURGERY (32%)	30-RADIOLOGY (12%)
63702-Repair of spinal herniation	\$9,814	14	0%	0%	14-NEUROSURGERY (79%)	20-ORTHOPED SURG (21%)	(.)
63704-Repair of spinal herniation	\$5,179	7	0%	0%	14-NEUROSURGERY (29%)	20-ORTHOPED SURG (29%)	70-GROUP PRAC (29%)
63706-Repair of spinal herniation	\$2,621	4	0%	0%	14-NEUROSURGERY (75%)	02-GNRL SURGERY (25%)	(.)
63707-Repair spinal fluid leakage	\$555,420	894	0%	6%	14-NEUROSURGERY (45%)	20-ORTHOPED SURG (41%)	04-OTOLARYNG (4%)
63709-Repair spinal fluid leakage	\$397,870	647	0%	5%	14-NEUROSURGERY (45%)	20-ORTHOPED SURG (44%)	01,08-GP/FP (3%)
63710-Graft repair of spine defect	\$113,830	290	0%	1%	14-NEUROSURGERY (68%)	20-ORTHOPED SURG (20%)	70-GROUP PRAC (4%)

1516-Major Procedure - Explor/Decomp/Excis Disc
 Family Medicare Charges: \$167,536,130
 Family Private Payments: \$12,630,728
 Percent of CPEP Medicare Charges: 52%
 Percent of CPEP Private Payments: 59%

63001-Removal of spinal lamina	853	090	0%	1%	14-NEUROSURGERY (66%)	20-ORTHOPED SURG (11%)	02-GNRL SURGERY (6%)
63003-Removal of spinal lamina	\$246,186	294	0%	1%	14-NEUROSURGERY (69%)	20-ORTHOPED SURG (18%)	02-GNRL SURGERY (3%)
63005-Removal of spinal lamina	\$4,241,904	5,057	0%	4%	14-NEUROSURGERY (49%)	20-ORTHOPED SURG (31%)	01,08-GP/FP (4%)

Top Medicare Specialties (% of Procedure Volume)

1993 HC Allowed Charges
 1993 HC Units of Service
 Global Period
 Pct. of AllChgs
 Pct. of Family Privmpts
 Pct. of Vol. in OFFICE

Procedure
 First Specialty
 Second Specialty
 Third Specialty

63011-Removal of spinal lamina	\$9,948	31	090	0%	0%	3%	20-ORTHOPED SURG (45%)	14-NEUROSURGERY (26%)	05-ANESTHESIA (13%)
63015-Removal of spinal lamina	\$2,051,166	1,609	090	1%	1%	1%	14-NEUROSURGERY (75%)	20-ORTHOPED SURG (8%)	70-GROUP PRAC (5%)
63016-Removal of spinal lamina	\$272,264	247	090	0%	0%	0%	14-NEUROSURGERY (70%)	20-ORTHOPED SURG (15%)	02-GHRL SURGERY (6%)
63017-Removal of spinal lamina	\$5,832,448	4,853	090	3%	3%	1%	14-NEUROSURGERY (55%)	20-ORTHOPED SURG (31%)	02-GHRL SURGERY (4%)
63020-Neck spine disk surgery	\$2,075,796	2,052	090	1%	5%	1%	14-NEUROSURGERY (77%)	20-ORTHOPED SURG (9%)	02-GHRL SURGERY (3%)
63030-Low back disk surgery	\$27,176,648	33,712	090	16%	48%	1%	14-NEUROSURGERY (57%)	20-ORTHOPED SURG (29%)	01,08-GP/FP (4%)
63035-Added spinal disk surgery	\$4,051,927	14,545	222	2%	2%	1%	14-NEUROSURGERY (53%)	20-ORTHOPED SURG (33%)	01,08-GP/FP (4%)
63040-Neck spine disk surgery	\$416,212	372	090	0%	0%	2%	14-NEUROSURGERY (61%)	20-ORTHOPED SURG (25%)	01,08-GP/FP (4%)
63042-Low back disk surgery	\$9,935,145	9,039	090	6%	8%	1%	14-NEUROSURGERY (51%)	20-ORTHOPED SURG (34%)	01,08-GP/FP (4%)
63045-Removal of spinal lamina	\$4,702,648	3,606	090	3%	2%	1%	14-NEUROSURGERY (71%)	20-ORTHOPED SURG (13%)	02-GHRL SURGERY (4%)
63046-Removal of spinal lamina	\$671,909	631	090	0%	0%	1%	14-NEUROSURGERY (68%)	20-ORTHOPED SURG (16%)	02-GHRL SURGERY (6%)
63047-Removal of spinal lamina	\$62,195,082	46,159	090	37%	11%	1%	14-NEUROSURGERY (50%)	20-ORTHOPED SURG (36%)	02-GHRL SURGERY (3%)
63048-Removal of spinal lamina	\$26,180,992	63,696	222	16%	2%	1%	14-NEUROSURGERY (53%)	20-ORTHOPED SURG (34%)	02-GHRL SURGERY (4%)
63055-Decompress spinal cord	\$377,521	347	090	0%	0%	1%	20-ORTHOPED SURG (53%)	14-NEUROSURGERY (35%)	70-GROUP PRAC (5%)
63056-Decompress spinal cord	\$793,420	678	090	0%	0%	4%	14-NEUROSURGERY (51%)	20-ORTHOPED SURG (34%)	70-GROUP PRAC (5%)
63057-Decompress spinal cord	\$48,479	188	222	0%	0%	0%	14-NEUROSURGERY (74%)	20-ORTHOPED SURG (12%)	70-GROUP PRAC (4%)
63064-Decompress spinal cord	\$196,715	158	090	0%	0%	0%	14-NEUROSURGERY (83%)	20-ORTHOPED SURG (12%)	02-GHRL SURGERY (2%)
63066-Decompress spinal cord	\$10,166	52	222	0%	0%	0%	14-NEUROSURGERY (64%)	20-ORTHOPED SURG (22%)	02-GHRL SURGERY (3%)
63075-Neck spine disk surgery	\$7,845,930	9,228	090	5%	12%	1%	14-NEUROSURGERY (73%)	20-ORTHOPED SURG (14%)	02-GHRL SURGERY (3%)
63076-Neck spine disk surgery	\$1,455,841	4,487	222	1%	1%	1%	14-NEUROSURGERY (72%)	20-ORTHOPED SURG (17%)	02-GHRL SURGERY (3%)
63077-Spine disk surgery, thorax	\$112,824	178	090	0%	0%	1%	20-ORTHOPED SURG (50%)	14-NEUROSURGERY (31%)	02-GHRL SURGERY (6%)
63078-Spine disk surgery, thorax	\$31,508	129	222	0%	0%	2%	20-ORTHOPED SURG (61%)	14-NEUROSURGERY (22%)	33-THORACIC SURG (6%)
63081-Removal of vertebral body	\$2,699,148	1,932	090	2%	2%	1%	14-NEUROSURGERY (65%)	20-ORTHOPED SURG (21%)	13-NEUROLOGY (5%)
63082-Removal of vertebral body	\$497,211	1,377	222	0%	0%	0%	14-NEUROSURGERY (64%)	20-ORTHOPED SURG (22%)	13-NEUROLOGY (7%)
63085-Removal of vertebral body	\$783,671	504	090	0%	0%	1%	14-NEUROSURGERY (46%)	20-ORTHOPED SURG (38%)	02-GHRL SURGERY (4%)
63086-Removal of vertebral body	\$74,608	205	222	0%	0%	1%	14-NEUROSURGERY (46%)	20-ORTHOPED SURG (42%)	33-THORACIC SURG (5%)
63087-Removal of vertebral body	\$486,145	340	090	0%	0%	1%	20-ORTHOPED SURG (48%)	14-NEUROSURGERY (35%)	02-GHRL SURGERY (6%)
63088-Removal of vertebral body	\$26,036	90	222	0%	0%	2%	20-ORTHOPED SURG (61%)	14-NEUROSURGERY (32%)	02-GHRL SURGERY (6%)
63090-Removal of vertebral body	\$587,725	429	090	0%	0%	0%	20-ORTHOPED SURG (46%)	14-NEUROSURGERY (28%)	02-GHRL SURGERY (11%)
63091-Removal of vertebral body	\$30,441	145	222	0%	0%	0%	20-ORTHOPED SURG (46%)	14-NEUROSURGERY (22%)	02-GHRL SURGERY (14%)
63170-Incise spinal cord tract(s)	\$93,932	96	090	0%	0%	8%	14-NEUROSURGERY (68%)	08-UNKNOWN SUPPL (10%)	01,08-GP/FP (9%)
63172-Drainage of spinal cyst	\$191,231	162	090	0%	0%	2%	14-NEUROSURGERY (83%)	13-NEUROLOGY (5%)	70-GROUP PRAC (4%)
63173-Drainage of spinal cyst	\$50,625	49	090	0%	0%	0%	14-NEUROSURGERY (88%)	13-NEUROLOGY (8%)	01,08-GP/FP (2%)
63180-Revise spinal cord ligaments	\$3,775	5	090	0%	0%	0%	14-NEUROSURGERY (80%)	34-UROLOGY (20%)	(.)
63182-Revise spinal cord ligaments	\$25,071	28	090	0%	0%	0%	14-NEUROSURGERY (96%)	02-GHRL SURGERY (4%)	(.)
63185-Incise spinal column/nerves	\$89,280	103	090	0%	0%	7%	14-NEUROSURGERY (80%)	20-ORTHOPED SURG (7%)	05-ANESTHESIA (3%)
63190-Incise spinal column/nerves	\$110,507	110	090	0%	0%	0%	14-NEUROSURGERY (80%)	20-ORTHOPED SURG (5%)	70-GROUP PRAC (5%)
63191-Incise spinal column/nerves	\$1,673	2	090	0%	0%	0%	11-INTERNAL MED (50%)	14-NEUROSURGERY (50%)	(.)
63194-Incise spinal column & cord	\$8,211	8	090	0%	0%	0%	14-NEUROSURGERY (88%)	13-NEUROLOGY (13%)	(.)
63195-Incise spinal column & cord	\$20,767	29	090	0%	0%	0%	14-NEUROSURGERY (83%)	02-GHRL SURGERY (7%)	01,08-GP/FP (3%)
63196-Incise spinal column & cord	\$1,421	2	090	0%	0%	0%	01,08-GP/FP (50%)	14-NEUROSURGERY (50%)	(.)
63197-Incise spinal column & cord	\$19,265	18	090	0%	0%	0%	14-NEUROSURGERY (83%)	02-GHRL SURGERY (6%)	33-THORACIC SURG (6%)
63199-Incise spinal column & cord	\$3,639	3	090	0%	0%	0%	(.)	(.)	(.)
63200-Release of spinal cord	\$41,450	59	090	0%	0%	2%	05-ANESTHESIA (33%)	14-NEUROSURGERY (33%)	70-GROUP PRAC (33%)

1520-Major Procedure - Other Nerve
 Family Medicare Charges: \$1,246,177
 Family Private Payments:

Percent of CPEP Medicare Charges: 0%
 Percent of CPEP Private Payments:

64752-Incision of vagus nerve
 64755-Incision of stomach nerves

91-SURG ONCOLOGY (4%)
 01,08-GP/FP (4%)
 33-THORACIC SURG (22%)
 33-THORACIC SURG (5%)

02-GHRL SURGERY (67%)
 02-GHRL SURGERY (78%)
 02-GHRL SURGERY (6%)
 02-GHRL SURGERY (7%)
 02-GHRL SURGERY (50%)
 (.)
 (.)
 05-ANESTHESIA (33%)
 14-NEUROSURGERY (71%)
 14-NEUROSURGERY (67%)
 02-GHRL SURGERY (78%)

91-SURG ONCOLOGY (4%)
 01,08-GP/FP (4%)
 33-THORACIC SURG (22%)
 33-THORACIC SURG (5%)

91-SURG ONCOLOGY (4%)
 01,08-GP/FP (4%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family Alldgns	Pct. of Family Privlmts	OFFICE Vol. in	First Specialty	Second Specialty	Third Specialty
64760-Incision of vagus nerve	\$30,022	193	090	2%	.	8%	02-GNRL SURGERY (65%)	01-08-GP/FP (8%)	33-THORACIC SURG (5%)
64763-Incise hip/thigh nerve	\$3,715	15	090	0%	.	7%	24-PLASTIC SURG (33%)	02-GNRL SURGERY (27%)	20-ORTHOPE SURG (27%)
64766-Incise hip/thigh nerve	\$6,052	13	090	0%	.	0%	14-NEUROSURGERY (23%)	20-ORTHOPE SURG (23%)	02-GNRL SURGERY (15%)
64802-Remove sympathetic nerves	\$21,400	50	090	2%	.	2%	02-GNRL SURGERY (30%)	33-THORACIC SURG (22%)	05-ANESTHESIA (12%)
64804-Remove sympathetic nerves	\$95,859	133	090	8%	.	0%	33-THORACIC SURG (39%)	02-GNRL SURGERY (25%)	77-VASCULAR SURG (8%)
64809-Remove sympathetic nerves	\$34,151	48	090	3%	.	2%	02-GNRL SURGERY (33%)	33-THORACIC SURG (29%)	77-VASCULAR SURG (15%)
64818-Remove sympathetic nerves	\$978,393	2,240	090	79%	.	1%	02-GNRL SURGERY (36%)	33-THORACIC SURG (26%)	05-ANESTHESIA (11%)
64820-Remove sympathetic nerves	.	.	090	.	.	.	(.)	(.)	(.)
64861-Repair of arm nerves	\$8,612	12	090	1%	.	0%	02-GNRL SURGERY (33%)	14-NEUROSURGERY (33%)	04-OTOLARYNG (8%)
64862-Repair of low back nerves	\$8,030	7	090	1%	.	14%	14-NEUROSURGERY (71%)	11-INTERNAL MED (14%)	20-ORTHOPE SURG (14%)

1524-Nerve Repair and Destruction

Family Medicare Charges: \$35,802,498

Family Private Payments: \$3,436,920

Percent of CPEP Medicare Charges: 11%

Percent of CPEP Private Payments: 16%

27315-Partial removal, thigh nerve	\$1,982	7	090	0%	.	14%	20-ORTHOPE SURG (86%)	02-GNRL SURGERY (14%)	(.)
27320-Partial removal, thigh nerve	\$3,965	24	090	0%	.	8%	20-ORTHOPE SURG (79%)	02-GNRL SURGERY (13%)	14-NEUROSURGERY (8%)
28030-Removal of foot nerve	\$64,285	231	090	0%	.	31%	48-PODIATRY (71%)	49-ASC (13%)	20-ORTHOPE SURG (13%)
28035-Decompression of tibia nerve	\$383,814	965	090	1%	2%	8%	48-PODIATRY (40%)	20-ORTHOPE SURG (39%)	49-ASC (12%)
61790-Treat trigeminal nerve	\$2,165,659	1,716	090	6%	.	2%	14-NEUROSURGERY (90%)	20-GROUP PRAC (4%)	13-NEUROLOGY (4%)
62269-Needle biopsy spinal cord	\$34,621	187	090	0%	.	7%	30-RADIOLOGY (40%)	05-ANESTHESIA (18%)	49-ASC (10%)
62287-Percutaneous disectomy	\$312,818	419	090	1%	3%	3%	20-ORTHOPE SURG (51%)	14-NEUROSURGERY (21%)	30-RADIOLOGY (16%)
64702-Revise finger/toe nerve	\$189,710	890	090	1%	1%	6%	20-ORTHOPE SURG (39%)	24-PLASTIC SURG (24%)	40-HAND SURGERY (22%)
64704-Revise hand/foot nerve	\$561,922	1,586	090	2%	2%	10%	48-PODIATRY (33%)	20-ORTHOPE SURG (29%)	24-PLASTIC SURG (11%)
64708-Revise arm/leg nerve	\$614,361	1,540	090	2%	2%	5%	20-ORTHOPE SURG (46%)	40-HAND SURGERY (12%)	24-PLASTIC SURG (9%)
64712-Revision of sciatic nerve	\$124,700	360	090	0%	.	2%	20-ORTHOPE SURG (73%)	14-NEUROSURGERY (12%)	05-ANESTHESIA (3%)
64713-Revision of arm nerve(s)	\$73,453	159	090	0%	.	1%	14-NEUROSURGERY (24%)	02-GNRL SURGERY (16%)	20-ORTHOPE SURG (15%)
64714-Revise low back nerve(s)	\$100,486	398	090	0%	.	2%	20-ORTHOPE SURG (55%)	14-NEUROSURGERY (17%)	05-ANESTHESIA (16%)
64716-Revision of cranial nerve	\$29,618	112	090	0%	.	16%	04-OTOLARYNG (24%)	19-ORAL SURGERY (21%)	20-ORTHOPE SURG (18%)
64718-Revise ulnar nerve at elbow	\$2,278,814	5,619	090	6%	8%	1%	20-ORTHOPE SURG (57%)	14-NEUROSURGERY (17%)	40-HAND SURGERY (7%)
64719-Revise ulnar nerve at wrist	\$1,054,809	3,627	090	3%	2%	2%	20-ORTHOPE SURG (56%)	24-PLASTIC SURG (17%)	40-HAND SURGERY (14%)
64721-Carpal tunnel surgery	\$23,345,644	77,446	090	65%	68%	3%	20-ORTHOPE SURG (55%)	49-ASC (11%)	14-NEUROSURGERY (10%)
64722-Relieve pressure on nerve(s)	\$745,248	2,061	090	2%	2%	5%	20-ORTHOPE SURG (39%)	02-GNRL SURGERY (10%)	14-NEUROSURGERY (9%)
64726-Release foot/toe nerve	\$13,653	113	090	0%	.	27%	48-PODIATRY (47%)	20-ORTHOPE SURG (32%)	49-ASC (15%)
64727-Internal nerve revision	\$814,509	3,072	222	2%	2%	2%	20-ORTHOPE SURG (46%)	40-HAND SURGERY (18%)	24-PLASTIC SURG (17%)
64732-Incision of brow nerve	\$20,709	82	090	0%	.	22%	14-NEUROSURGERY (56%)	11-INTERNAL MED (16%)	04-OTOLARYNG (4%)
64734-Incision of cheek nerve	\$48,059	155	090	0%	.	26%	14-NEUROSURGERY (46%)	19-ORAL SURGERY (25%)	85-MAXILLOFACIAL (13%)
64736-Incision of chin nerve	\$18,513	77	090	0%	.	61%	19-ORAL SURGERY (58%)	85-MAXILLOFACIAL (21%)	04-OTOLARYNG (8%)
64738-Incision of jaw nerve	\$18,445	56	090	0%	.	39%	19-ORAL SURGERY (68%)	14-NEUROSURGERY (13%)	85-MAXILLOFACIAL (11%)
64740-Incision of tongue nerve	\$1,952	9	090	0%	.	11%	02-GNRL SURGERY (22%)	14-NEUROSURGERY (11%)	14-NEUROSURGERY (11%)
64742-Incision of facial nerve	\$13,515	47	090	0%	.	9%	04-OTOLARYNG (26%)	14-NEUROSURGERY (17%)	24-PLASTIC SURG (17%)
64744-Incise nerve, back of head	\$33,981	99	090	0%	.	8%	14-NEUROSURGERY (80%)	01-08-GP/FP (4%)	05-ANESTHESIA (3%)
64746-Incise diaphragm nerve	\$2,702	10	090	0%	.	0%	33-THORACIC SURG (30%)	02-GNRL SURGERY (20%)	78-CARDIAC SURG (20%)
64761-Incision of pelvis nerve	\$907	14	090	0%	.	50%	05-ANESTHESIA (29%)	29-PULMONARY DIS (21%)	01-08-GP/FP (7%)
64771-Sever cranial nerve	\$15,266	47	090	0%	.	11%	14-NEUROSURGERY (45%)	04-OTOLARYNG (23%)	02-GNRL SURGERY (9%)
64772-Incision of spinal nerve	\$71,666	247	090	0%	.	0%	14-NEUROSURGERY (57%)	02-GNRL SURGERY (17%)	20-ORTHOPE SURG (6%)
64774-Remove skin nerve lesion	\$114,460	500	090	0%	.	11%	20-ORTHOPE SURG (24%)	02-GNRL SURGERY (21%)	49-ASC (15%)
64776-Remove digit nerve lesion	\$71,527	339	090	0%	.	14%	20-ORTHOPE SURG (29%)	24-PLASTIC SURG (18%)	49-ASC (18%)
64778-Added digit nerve surgery	\$5,110	27	222	0%	.	11%	20-ORTHOPE SURG (48%)	49-ASC (26%)	02-GNRL SURGERY (7%)
64782-Remove limb nerve lesion	\$414,853	1,531	090	1%	1%	29%	48-PODIATRY (20%)	49-ASC (15%)	20-ORTHOPE SURG (8%)
64783-Added limb nerve surgery	\$11,167	48	222	0%	.	29%	48-PODIATRY (79%)	20-ORTHOPE SURG (19%)	24-PLASTIC SURG (17%)
64784-Remove nerve lesion	\$152,870	499	090	0%	.	5%	05-ANESTHESIA (28%)	20-ORTHOPE SURG (24%)	02-GNRL SURGERY (14%)

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AllChgs	Pct. of Family Vol. in PrivPmts OFFICE	First Specialty	Second Specialty	Third Specialty
64786-Remove sciatic nerve lesion	\$47,908	58	090	0%	0%	20-ORTHOPEID SURG (38%)	14-NEUROSURGERY (21%)	24-PLASTIC SURG (16%)
64787-Implant nerve end	\$31,360	130	222	0%	5%	24-PLASTIC SURG (38%)	20-ORTHOPEID SURG (26%)	48-PODIATRY (12%)
64788-Remove skin nerve lesion	\$81,970	337	090	0%	2%	02-GNRL SURGERY (23%)	40-PODIATRY (23%)	24-PLASTIC SURG (17%)
64790-Removal of nerve lesion	\$92,892	181	090	0%	2%	02-GNRL SURGERY (23%)	14-NEUROSURGERY (22%)	20-ORTHOPEID SURG (19%)
64792-Removal of nerve	\$72,143	117	090	0%	8%	14-NEUROSURGERY (25%)	02-GNRL SURGERY (15%)	20-ORTHOPEID SURG (13%)
64795-Biopsy of nerve	\$376,289	1,974	000	1%	10%	02-GNRL SURGERY (35%)	14-NEUROSURGERY (26%)	13-NEUROLOGY (15%)
64830-Microrepair of nerve	\$204,700	1,115	222	1%	2%	24-PLASTIC SURG (44%)	20-ORTHOPEID SURG (25%)	40-HAND SURGERY (16%)
64831-Repair of digit nerve	\$344,045	1,668	090	1%	2%	24-PLASTIC SURG (40%)	20-ORTHOPEID SURG (36%)	40-HAND SURGERY (12%)
64832-Repair additional nerve	\$54,788	291	222	0%	2%	24-PLASTIC SURG (45%)	20-ORTHOPEID SURG (38%)	40-HAND SURGERY (8%)
64833-Repair of hand or foot nerve	\$66,513	194	090	0%	1%	24-PLASTIC SURG (46%)	20-ORTHOPEID SURG (27%)	40-HAND SURGERY (10%)
64835-Repair of hand or foot nerve	\$26,539	60	090	0%	7%	20-ORTHOPEID SURG (41%)	24-PLASTIC SURG (28%)	40-HAND SURGERY (11%)
64836-Repair of hand or foot nerve	\$31,299	75	090	0%	7%	20-ORTHOPEID SURG (41%)	24-PLASTIC SURG (31%)	02-GNRL SURGERY (12%)
64837-Repair additional nerve	\$4,355	13	222	0%	8%	20-ORTHOPEID SURG (31%)	24-PLASTIC SURG (31%)	40-HAND SURGERY (23%)
64840-Repair of leg nerve	\$3,115	8	090	0%	0%	18-OPHTHALMOLOGY (38%)	20-ORTHOPEID SURG (25%)	24-PLASTIC SURG (25%)
64856-Repair/transpose nerve	\$99,153	176	090	0%	1%	20-ORTHOPEID SURG (41%)	24-PLASTIC SURG (32%)	40-HAND SURGERY (7%)
64857-Repair arm/leg nerve	\$55,178	90	090	0%	0%	20-ORTHOPEID SURG (38%)	24-PLASTIC SURG (31%)	40-HAND SURGERY (16%)
64858-Repair sciatic nerve	\$1,279	3	090	0%	0%	20-ORTHOPEID SURG (67%)	14-NEUROSURGERY (33%)	(.)
64859-Additional nerve surgery	\$3,526	15	222	0%	0%	24-PLASTIC SURG (47%)	40-HAND SURGERY (20%)	02-GNRL SURGERY (13%)
64864-Repair of facial nerve	\$29,374	88	090	0%	6%	04-OTOLARYNG (45%)	24-PLASTIC SURG (41%)	02-GNRL SURGERY (3%)
64865-Repair of facial nerve	\$3,927	14	090	0%	0%	04-OTOLARYNG (64%)	02-GNRL SURGERY (14%)	24-PLASTIC SURG (14%)
64866-Fusion of facial/other nerve	\$2,104	7	090	0%	43%	01-08-GP/FP (63%)	04-OTOLARYNG (29%)	02-GNRL SURGERY (14%)
64868-Fusion of facial/other nerve	\$45,894	63	090	0%	0%	04-OTOLARYNG (51%)	14-NEUROSURGERY (35%)	01-08-GP/FP (5%)
64870-Fusion of facial/other nerve	\$565	1	090	0%	0%	20-ORTHOPEID SURG (100%)	(.)	(.)
64872-Subsequent repair of nerve	\$6,347	20	222	0%	15%	24-PLASTIC SURG (60%)	20-ORTHOPEID SURG (25%)	02-GNRL SURGERY (15%)
64874-Repair & revise nerve	\$7,406	16	222	0%	0%	24-PLASTIC SURG (38%)	20-ORTHOPEID SURG (31%)	04-OTOLARYNG (6%)
64876-Repair nerve; shorten bone	(.)	222	222	0%	0%	(.)	(.)	(.)
64885-Nerve graft, head or neck	\$40,832	80	090	0%	3%	04-OTOLARYNG (63%)	24-PLASTIC SURG (23%)	14-NEUROSURGERY (6%)
64886-Nerve graft, head or neck	\$44,893	61	090	0%	2%	04-OTOLARYNG (56%)	24-PLASTIC SURG (28%)	02-GNRL SURGERY (13%)
64890-Nerve graft, hand or foot	\$31,150	36	090	0%	3%	20-ORTHOPEID SURG (53%)	20-ORTHOPEID SURG (28%)	40-HAND SURGERY (19%)
64891-Nerve graft, hand or foot	\$5,493	9	090	0%	0%	20-ORTHOPEID SURG (33%)	04-OTOLARYNG (22%)	24-PLASTIC SURG (22%)
64892-Nerve graft, arm or leg	\$6,272	12	090	0%	0%	04-OTOLARYNG (33%)	14-NEUROSURGERY (17%)	24-PLASTIC SURG (17%)
64893-Nerve graft, arm or leg	\$10,342	13	090	0%	0%	24-PLASTIC SURG (54%)	04-OTOLARYNG (23%)	14-NEUROSURGERY (8%)
64895-Nerve graft, hand or foot	\$9,906	12	090	0%	8%	24-PLASTIC SURG (50%)	20-ORTHOPEID SURG (33%)	40-HAND SURGERY (17%)
64896-Nerve graft, hand or foot	\$7,512	9	090	0%	0%	24-PLASTIC SURG (44%)	04-OTOLARYNG (22%)	02-GNRL SURGERY (11%)
64897-Nerve graft, arm or leg	\$3,191	4	090	0%	0%	24-PLASTIC SURG (75%)	04-OTOLARYNG (25%)	(.)
64898-Nerve graft, arm or leg	\$14,293	19	090	0%	11%	14-NEUROSURGERY (32%)	40-HAND SURGERY (21%)	24-PLASTIC SURG (16%)
64901-Additional nerve graft	\$4,586	9	222	0%	22%	24-PLASTIC SURG (67%)	14-NEUROSURGERY (33%)	(.)
64902-Additional nerve graft	\$8,857	12	222	0%	0%	24-PLASTIC SURG (67%)	04-OTOLARYNG (25%)	14-NEUROSURGERY (8%)
64905-Nerve pedicle transfer	\$1,467	2	090	0%	0%	24-PLASTIC SURG (50%)	34-UROLOGY (50%)	(.)
64907-Nerve pedicle transfer	\$1,302	2	090	0%	0%	18-OPHTHALMOLOGY (100%)	(.)	(.)

152B-Neurostimulator and Ventricular Shunt Implantation	Family Medicare Charges: \$12,269,258	Percent of CPEP Medicare Charges: 4%
Family Private Payments: \$702,097	Percent of CPEP Private Payments: 3%	
62180-Establish brain cavity shunt	\$61,398	75
62190-Establish brain cavity shunt	\$65,920	69
62192-Establish brain cavity shunt	\$326,000	421
62194-Replace/irrigate catheter	\$10,331	72
62200-Establish brain cavity shunt	\$57,885	66
62201-Establish brain cavity shunt	\$8,843	14
62220-Establish brain cavity shunt	\$356,634	383

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Pct. of Family AllDchs	Pct. of Family PrivPmts	First Specialty	Second Specialty	Third Specialty
62223-Establish brain cavity shunt	\$5,603,890	5,687	46%	51%	14-NEUROSURGERY (81%)	02-GNRL SURGERY (9%)	70-GROUP PRAC (3%)
62225-Replace/irrigate catheter	\$95,703	293	1%	5%	14-NEUROSURGERY (85%)	70-GROUP PRAC (5%)	13-NEUROLOGY (2%)
62230-Replace/revise brain shunt	\$968,502	1,516	8%	32%	14-NEUROSURGERY (81%)	02-GNRL SURGERY (8%)	13-NEUROLOGY (4%)
62250-Remove brain cavity shunt	\$152,173	362	1%	0%	14-NEUROSURGERY (83%)	13-NEUROLOGY (4%)	70-GROUP PRAC (4%)
62258-Replace brain cavity shunt	\$333,139	402	3%	0%	14-NEUROSURGERY (75%)	70-GROUP PRAC (7%)	02-GNRL SURGERY (7%)
63740-Install spinal shunt	\$250,750	270	2%	1%	14-NEUROSURGERY (81%)	02-GNRL SURGERY (7%)	13-NEUROLOGY (4%)
63741-Install spinal shunt	\$170,638	288	1%	0%	14-NEUROSURGERY (54%)	05-ANESTHESIA (36%)	02-GNRL SURGERY (2%)
63744-Revision of spinal shunt	\$102,161	174	1%	0%	14-NEUROSURGERY (72%)	05-ANESTHESIA (10%)	30-RADIOLOGY (6%)
63746-Removal of spinal shunt	\$38,069	108	0%	6%	14-NEUROSURGERY (51%)	05-ANESTHESIA (34%)	02-GNRL SURGERY (6%)
63780-Insert spinal canal catheter	\$3,667,222	12,473	30%	12%	05-ANESTHESIA (78%)	70-GROUP PRAC (8%)	14-NEUROSURGERY (5%)

1532-Revision and Removal of Neurological Device

Family Medicare Charges: \$3,619,818
 Percent of CPEP Medicare Charges: 1%

Family Private Payments: \$10,206
 Percent of CPEP Private Payments: 0%

61531-Implant brain electrodes	\$48,153	55	1%	0%	14-NEUROSURGERY (71%)	70-GROUP PRAC (11%)	05-ANESTHESIA (9%)
61533-Implant brain electrodes	\$85,975	78	2%	0%	14-NEUROSURGERY (79%)	70-GROUP PRAC (9%)	05-ANESTHESIA (6%)
61760-Implant brain electrodes	\$100,650	92	3%	0%	14-NEUROSURGERY (80%)	70-GROUP PRAC (15%)	05-ANESTHESIA (3%)
61770-Incise skull for treatment	\$81,512	81	0%	0%	14-NEUROSURGERY (86%)	13-NEUROLOGY (7%)	10-GASTROENTER (2%)
61850-Implant neuroelectrodes	\$5,337	7	0%	0%	14-NEUROSURGERY (100%)	(.)	(.)
61855-Implant neuroelectrodes	\$8,133	9	0%	0%	14-NEUROSURGERY (100%)	(.)	(.)
61860-Implant neuroelectrodes	\$799	1	0%	0%	14-NEUROSURGERY (100%)	(.)	(.)
61865-Implant neuroelectrodes	\$1,430	1	0%	0%	14-NEUROSURGERY (100%)	(.)	(.)
61870-Implant neuroelectrodes	\$1,964	3	0%	0%	14-NEUROSURGERY (100%)	(.)	(.)
61875-Implant neuroelectrodes			0%	0%	(.)	(.)	(.)
61880-Revise/remove neuroelectrode	\$12,022	32	0%	0%	14-NEUROSURGERY (81%)	70-GROUP PRAC (16%)	13-NEUROLOGY (3%)
61885-Implant neuroreceiver	\$4,265	17	0%	0%	14-NEUROSURGERY (71%)	70-GROUP PRAC (18%)	13-NEUROLOGY (12%)
61888-Revise/remove neuroreceiver	\$5,793	25	0%	12%	14-NEUROSURGERY (60%)	13-NEUROLOGY (12%)	11-INTERNAL MED (8%)
63650-Implant neuroelectrodes	\$1,103,985	1,628	30%	4%	05-ANESTHESIA (67%)	14-NEUROSURGERY (16%)	49-ASC (5%)
63655-Implant neuroelectrodes	\$444,224	477	12%	2%	14-NEUROSURGERY (65%)	20-ORTHOPEDE SURG (22%)	05-ANESTHESIA (4%)
63660-Revise/remove neuroelectrode	\$369,552	749	10%	5%	14-NEUROSURGERY (39%)	05-ANESTHESIA (25%)	20-ORTHOPEDE SURG (12%)
63685-Implant neuroreceiver	\$462,316	1,009	13%	2%	14-NEUROSURGERY (47%)	05-ANESTHESIA (29%)	20-ORTHOPEDE SURG (16%)
63688-Revise/remove neuroreceiver	\$247,637	518	7%	4%	14-NEUROSURGERY (44%)	05-ANESTHESIA (22%)	20-ORTHOPEDE SURG (18%)
63690-Analysis of neuroreceiver	\$16,833	393	0%	61%	05-ANESTHESIA (44%)	14-NEUROSURGERY (40%)	20-ORTHOPEDE SURG (6%)
63691-Analysis of neuroreceiver	\$61,081	1,823	2%	61%	05-ANESTHESIA (65%)	14-NEUROSURGERY (19%)	70-GROUP PRAC (7%)
63750-Insert spinal canal catheter	\$257,480	311	7%	0%	14-NEUROSURGERY (47%)	05-ANESTHESIA (28%)	20-ORTHOPEDE SURG (14%)
64553-Implant neuroelectrodes	\$9,426	136	0%	95%	20-ORTHOPEDE SURG (69%)	01,08-GP/FP (18%)	11-INTERNAL MED (4%)
64555-Implant neuroelectrodes	\$127,924	2,018	4%	34%	11-INTERNAL MED (39%)	01,08-GP/FP (28%)	05-ANESTHESIA (16%)
64560-Implant neuroelectrodes	\$37,409	275	1%	99%	25-PHYSICL-REHAB (75%)	05-ANESTHESIA (24%)	34-UROLOGY (1%)
64565-Implant neuroelectrodes	\$102,170	1,449	3%	66%	14-NEUROSURGERY (55%)	01,08-GP/FP (19%)	25-PHYSICL-REHAB (16%)
64573-Implant neuroelectrodes	\$867	4	0%	25%	14-NEUROSURGERY (50%)	05-ANESTHESIA (25%)	18-OPHTHALMOLOGY (25%)
64575-Implant neuroelectrodes	\$6,026	30	0%	0%	25-PHYSICL-REHAB (27%)	14-NEUROSURGERY (23%)	20-ORTHOPEDE SURG (20%)
64577-Implant neuroelectrodes	\$529	2	0%	0%	33-THORACIC SURG (50%)	(.)	(.)
64580-Implant neuroelectrodes	\$2,234	15	0%	20%	05-ANESTHESIA (27%)	14-NEUROSURGERY (20%)	19-ORAL SURGERY (20%)
64585-Revise/remove neuroelectrode	\$3,393	39	0%	26%	05-ANESTHESIA (28%)	14-NEUROSURGERY (18%)	20-ORTHOPEDE SURG (15%)
64590-Implant neuroreceiver	\$5,034	42	0%	19%	14-NEUROSURGERY (31%)	05-ANESTHESIA (19%)	18-OPHTHALMOLOGY (14%)
64595-Revise/remove neuroreceiver	\$5,665	40	0%	0%	14-NEUROSURGERY (33%)	20-ORTHOPEDE SURG (20%)	02-GNRL SURGERY (13%)

1536-Nervous System Injections, Stimulations or Cranial Tap

Family Medicare Charges: \$7,879,324
 Percent of CPEP Medicare Charges: 2%

Family Private Payments: \$131,285
 Percent of CPEP Private Payments: 1%

Procedure	1993 MC Allowed Charges	1993 MC Units of Service	Global Period	Pct. of Family AlldChgs	Pct. of Family PrivPmts	Pct. of Vol. in OFFICE	Top Medicare Specialties (% of Procedure Volume)		
							First Specialty	Second Specialty	Third Specialty
							Specialty	Specialty	Specialty
61000-Remove cranial cavity fluid	\$15,570	937	000	0%	.	93%	34-UROLOGY (39%)	11-INTERNAL MED (23%)	01-08-GP/FP (21%)
61001-Remove cranial cavity fluid	\$1,445	24	000	0%	.	50%	14-NEUROSURGERY (83%)	01-08-GP/FP (4%)	11-INTERNAL MED (4%)
61020-Remove brain cavity fluid	\$43,533	422	000	1%	.	12%	14-NEUROSURGERY (73%)	70-GROUP PRAC (7%)	11-INTERNAL MED (5%)
61026-Injection into brain canal	\$50,462	645	000	1%	.	24%	14-NEUROSURGERY (32%)	11-INTERNAL MED (16%)	44-INFECT DISEAS (13%)
61050-Remove brain canal fluid	\$18,376	201	000	0%	.	11%	30-RADIOLOGY (33%)	14-NEUROSURGERY (30%)	70-GROUP PRAC (15%)
61055-Injection into brain canal	\$475,456	3,591	000	6%	7%	9%	30-RADIOLOGY (71%)	14-NEUROSURGERY (8%)	70-GROUP PRAC (7%)
62268-Drain spinal cord cyst	\$16,628	83	000	0%	.	13%	30-RADIOLOGY (52%)	14-NEUROSURGERY (13%)	20-ORTHOPE SURG (11%)
62273-Treat lumbar spine lesion	\$342,938	3,026	000	4%	4%	13%	05-ANESTHESIA (77%)	20-ORTHOPE SURG (5%)	11-INTERNAL MED (4%)
62292-Injection into disk lesion	\$50,980	92	090	1%	.	26%	20-ORTHOPE SURG (50%)	11-INTERNAL MED (22%)	14-NEUROSURGERY (13%)
62294-Injection into spinal artery	\$6,695	21	090	0%	.	0%	30-RADIOLOGY (57%)	05-ANESTHESIA (14%)	14-NEUROSURGERY (10%)
63600-Remove spinal cord lesion	\$155,301	199	090	2%	.	35%	05-ANESTHESIA (44%)	49-ASC (31%)	14-NEUROSURGERY (18%)
63610-Stimulation of spinal cord	\$20,690	79	000	0%	.	3%	49-ASC (52%)	05-ANESTHESIA (33%)	14-NEUROSURGERY (13%)
63615-Remove lesion of spinal cord	\$9,529	15	090	0%	.	7%	14-NEUROSURGERY (60%)	05-ANESTHESIA (13%)	70-GROUP PRAC (13%)
64550-Apply neurostimulator	\$3,989,760	186,238	000	51%	44%	98%	01-08-GP/FP (26%)	25-PHYSICL-REHAB (20%)	06-CARDIOLOGY (10%)
64600-Injection treatment of nerve	\$122,325	884	010	2%	.	48%	05-ANESTHESIA (27%)	13-NEUROLOGY (16%)	14-NEUROSURGERY (16%)
64605-Injection treatment of nerve	\$48,104	177	010	1%	.	21%	14-NEUROSURGERY (45%)	05-ANESTHESIA (36%)	04-OTOLARYNG (15%)
64610-Injection treatment of nerve	\$242,190	530	010	3%	.	2%	14-NEUROSURGERY (68%)	05-ANESTHESIA (23%)	13-NEUROLOGY (3%)
64612-Destroy nerve, face muscle	\$1,798,197	18,575	010	23%	.	85%	18-OPHTHALMOLOGY (83%)	13-NEUROLOGY (12%)	70-GROUP PRAC (2%)
64613-Destroy nerve, spine muscle	\$471,345	5,238	010	6%	.	81%	13-NEUROLOGY (85%)	25-PHYSICL-REHAB (4%)	70-GROUP PRAC (3%)

Summary of Services Assigned to Multiple CPEPs

<i>HCPCS</i> Description	<i>CPEP</i> * indicates the primary assignment R indicates a reference service	<i>Sites Profiled</i>	
15820 Revision of lower eyelid	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	IN	OUT OUT
15821 Revision of lower eyelid	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	IN	OUT OUT
15822 Revision of upper eyelid	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	IN	OUT OUT
15823 Revision of upper eyelid	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	IN	OUT OUT
19000 Drainage of breast lesion	CPEP 6 - Radiology * CPEP 8 - General Surgery	IN	OUT IN
19001 Drain added breast lesion	CPEP 6 - Radiology * CPEP 8 - General Surgery	IN	OUT IN
19020 Incision of breast lesion	* CPEP 1 - Integumentary and Physical Medicine CPEP 8 - General Surgery	IN	OUT IN OUT
19100 Biopsy of breast	CPEP 6 - Radiology * CPEP 8 - General Surgery	IN	OUT IN OUT
19110 Nipple exploration	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery		OUT IN OUT
19112 Excise breast duct fistula	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery		OUT IN OUT
19140 Removal of breast tissue	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery		OUT IN OUT
19160 Removal of breast tissue	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery		OUT OUT OUT
19162 Remove breast tissue, nodes	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery		OUT OUT OUT
19180 Removal of breast	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery		OUT OUT OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
19182	CPEP 1 - Integumentary and Physical Medicine	OUT
Removal of breast	* CPEP 8 - General Surgery	OUT
19200	CPEP 1 - Integumentary and Physical Medicine	OUT
Removal of breast	* CPEP 8 - General Surgery	OUT
19220	CPEP 1 - Integumentary and Physical Medicine	OUT
Removal of breast	* CPEP 8 - General Surgery	OUT
19240	<i>R</i> CPEP 1 - Integumentary and Physical Medicine	OUT
Removal of breast	* <i>R</i> CPEP 8 - General Surgery	OUT
19260	CPEP 8 - General Surgery	NOT PROFILED
Removal of chest wall lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
19271	CPEP 8 - General Surgery	NOT PROFILED
Revision of chest wall	* CPEP 12 - Cardiothoracic and Vascular	OUT
19272	CPEP 8 - General Surgery	NOT PROFILED
Extensive chest wall surgery	* CPEP 12 - Cardiothoracic and Vascular	OUT
19290	CPEP 6 - Radiology	IN OUT
Place needle wire, breast	* CPEP 8 - General Surgery	NOT PROFILED
19291	CPEP 6 - Radiology	IN OUT
Place needle wire, breast	* CPEP 8 - General Surgery	NOT PROFILED
19316	CPEP 1 - Integumentary and Physical Medicine	OUT
Suspension of breast	* CPEP 8 - General Surgery	NOT PROFILED
19318	CPEP 1 - Integumentary and Physical Medicine	OUT
Reduction of large breast	* CPEP 8 - General Surgery	NOT PROFILED
19324	CPEP 1 - Integumentary and Physical Medicine	OUT
Enlarge breast	* CPEP 8 - General Surgery	NOT PROFILED
19325	CPEP 1 - Integumentary and Physical Medicine	OUT
Enlarge breast with implant	* CPEP 8 - General Surgery	NOT PROFILED
19328	CPEP 1 - Integumentary and Physical Medicine	OUT
Removal of breast implant	* CPEP 8 - General Surgery	NOT PROFILED
19330	CPEP 1 - Integumentary and Physical Medicine	OUT
Removal of implant material	* CPEP 8 - General Surgery	NOT PROFILED

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>
19340 Immediate breast prosthesis	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery	OUT NOT PROFILED
19342 Delayed breast prosthesis	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery	OUT NOT PROFILED
19350 Breast reconstruction	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery	IN OUT NOT PROFILED
19355 Correct inverted nipple(s)	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery	IN OUT IN OUT
19357 Breast reconstruction	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery	OUT NOT PROFILED
19361 Breast reconstruction	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery	OUT NOT PROFILED
19364 Breast reconstruction	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery	OUT NOT PROFILED
19366 Breast reconstruction	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery	OUT NOT PROFILED
19367 Breast reconstruction	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery	OUT NOT PROFILED
19368 Breast reconstruction	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery	OUT NOT PROFILED
19369 Breast reconstruction	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery	OUT NOT PROFILED
19370 Surgery of breast capsule	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery	OUT NOT PROFILED
19371 Removal of breast capsule	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery	OUT NOT PROFILED
19380 Revise breast reconstruction	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery	OUT NOT PROFILED
20205 Deep muscle biopsy	* CPEP 1 - Integumentary and Physical Medicine CPEP 8 - General Surgery	IN OUT IN OUT

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>
20206 Needle biopsy, muscle	CPEP 6 - Radiology * CPEP 8 - General Surgery	IN OUT IN OUT
20250 Open bone biopsy	* CPEP 3 - Orthopaedics CPEP 15 - Neurosurgery	OUT OUT
20251 Open bone biopsy	* CPEP 3 - Orthopaedics CPEP 15 - Neurosurgery	OUT OUT
20660 Apply,remove fixation device	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	OUT NOT PROFILED
20661 Application of head brace	* CPEP 3 - Orthopaedics CPEP 15 - Neurosurgery	OUT OUT
20662 Application of pelvis brace	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	OUT NOT PROFILED
20663 Application of thigh brace	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	OUT NOT PROFILED
20665 Removal of fixation device	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT NOT PROFILED
20974 Electrical bone stimulation	* CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics	IN IN
21502 Drain chest lesion	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
21510 Drainage of bone lesion	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
21557 Remove tumor, neck or chest	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
21600 Partial removal of rib	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
21610 Partial removal of rib	* CPEP 3 - Orthopaedics CPEP 15 - Neurosurgery	OUT OUT
21615 Removal of rib	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment R indicates a reference service</i>	
21616	CPEP 8 - General Surgery	NOT PROFILED
Removal of rib and nerves	* CPEP 12 - Cardiothoracic and Vascular	OUT
21620	CPEP 8 - General Surgery	NOT PROFILED
Partial removal of sternum	* CPEP 12 - Cardiothoracic and Vascular	OUT
21627	CPEP 8 - General Surgery	NOT PROFILED
Sternal debridement	* CPEP 12 - Cardiothoracic and Vascular	OUT
21630	CPEP 8 - General Surgery	NOT PROFILED
Extensive sternum surgery	* CPEP 12 - Cardiothoracic and Vascular	OUT
21632	CPEP 8 - General Surgery	NOT PROFILED
Extensive sternum surgery	* CPEP 12 - Cardiothoracic and Vascular	OUT
21705	CPEP 8 - General Surgery	NOT PROFILED
Revision of neck muscle/rib	* CPEP 12 - Cardiothoracic and Vascular	OUT
21740	CPEP 8 - General Surgery	NOT PROFILED
Reconstruction of sternum	* CPEP 12 - Cardiothoracic and Vascular	OUT
21750	CPEP 8 - General Surgery	NOT PROFILED
Repair of sternum separation	* CPEP 12 - Cardiothoracic and Vascular	OUT
21810	CPEP 8 - General Surgery	NOT PROFILED
Treatment of rib fracture(s)	* CPEP 12 - Cardiothoracic and Vascular	OUT
21825	* CPEP 3 - Orthopaedics	OUT
Repair sternum fracture	CPEP 12 - Cardiothoracic and Vascular	OUT
21925	* CPEP 3 - Orthopaedics	IN OUT
Biopsy soft tissue of back	CPEP 15 - Neurosurgery	OUT
21935	* CPEP 3 - Orthopaedics	OUT
Remove tumor of back	CPEP 15 - Neurosurgery	OUT
22100	* CPEP 3 - Orthopaedics	OUT
Remove part of neck vertebra	CPEP 15 - Neurosurgery	OUT
22101	* CPEP 3 - Orthopaedics	OUT
Remove part, thorax vertebra	CPEP 15 - Neurosurgery	OUT
22102	* CPEP 3 - Orthopaedics	OUT
Remove part, lumbar vertebra	CPEP 15 - Neurosurgery	OUT

Description
** indicates the primary assignment*
R indicates a reference service

22105	*	CPEP 3 - Orthopaedics	OUT
Remove part of neck vertebra		CPEP 15 - Neurosurgery	OUT
22106	*	CPEP 3 - Orthopaedics	OUT
Remove part, thorax vertebra		CPEP 15 - Neurosurgery	OUT
22107	*	CPEP 3 - Orthopaedics	OUT
Remove part, lumbar vertebra		CPEP 15 - Neurosurgery	OUT
22110	*	CPEP 3 - Orthopaedics	OUT
Remove part of neck vertebra		CPEP 15 - Neurosurgery	OUT
22112	*	CPEP 3 - Orthopaedics	OUT
Remove part, thorax vertebra		CPEP 15 - Neurosurgery	OUT
22114	*	CPEP 3 - Orthopaedics	OUT
Remove part, lumbar vertebra		CPEP 15 - Neurosurgery	OUT
22140	*	CPEP 3 - Orthopaedics	OUT
Reconstruct neck spine		CPEP 15 - Neurosurgery	OUT
22141	*	CPEP 3 - Orthopaedics	OUT
Reconstruct thorax spine		CPEP 15 - Neurosurgery	OUT
22142	*	CPEP 3 - Orthopaedics	OUT
Reconstruct lumbar spine		CPEP 15 - Neurosurgery	OUT
22145	*	CPEP 3 - Orthopaedics	OUT
Reconstruct vertebra(e)		CPEP 15 - Neurosurgery	OUT
22150	*	CPEP 3 - Orthopaedics	OUT
Reconstruct neck spine		CPEP 15 - Neurosurgery	OUT
22151	*	CPEP 3 - Orthopaedics	OUT
Reconstruct thorax spine		CPEP 15 - Neurosurgery	OUT
22152	*	CPEP 3 - Orthopaedics	OUT
Reconstruct lumbar spine		CPEP 15 - Neurosurgery	OUT
22210	*	CPEP 3 - Orthopaedics	OUT
Revision of neck spine		CPEP 15 - Neurosurgery	OUT
22212	*	CPEP 3 - Orthopaedics	OUT
Revision of thorax spine		CPEP 15 - Neurosurgery	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
22214	* CPEP 3 - Orthopaedics	OUT
Revision of lumbar spine	CPEP 15 - Neurosurgery	OUT
22220	* CPEP 3 - Orthopaedics	OUT
Revision of neck spine	CPEP 15 - Neurosurgery	OUT
22222	* CPEP 3 - Orthopaedics	OUT
Revision of thorax spine	CPEP 15 - Neurosurgery	OUT
22224	* CPEP 3 - Orthopaedics	OUT
Revision of lumbar spine	CPEP 15 - Neurosurgery	OUT
22230	* CPEP 3 - Orthopaedics	OUT
Additional revision of spine	CPEP 15 - Neurosurgery	OUT
22315	* CPEP 3 - Orthopaedics	IN OUT
Treat spine fracture	CPEP 15 - Neurosurgery	OUT
22325	* CPEP 3 - Orthopaedics	OUT
Repair of spine fracture	CPEP 15 - Neurosurgery	OUT
22326	* CPEP 3 - Orthopaedics	OUT
Repair neck spine fracture	CPEP 15 - Neurosurgery	OUT
22327	* CPEP 3 - Orthopaedics	OUT
Repair thorax spine fracture	CPEP 15 - Neurosurgery	OUT
22548	* CPEP 3 - Orthopaedics	OUT
Neck spine fusion	CPEP 15 - Neurosurgery	OUT
22554	* CPEP 3 - Orthopaedics	OUT
Neck spine fusion	CPEP 15 - Neurosurgery	OUT
22556	* CPEP 3 - Orthopaedics	OUT
Thorax spine fusion	CPEP 15 - Neurosurgery	OUT
22558	* CPEP 3 - Orthopaedics	OUT
Lumbar spine fusion	CPEP 15 - Neurosurgery	OUT
22585	* CPEP 3 - Orthopaedics	OUT
Additional spinal fusion	CPEP 15 - Neurosurgery	OUT
22590	* CPEP 3 - Orthopaedics	OUT
Spine & skull spinal fusion	CPEP 15 - Neurosurgery	OUT

HCPCS	CPEP	Sites Profiled
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
22595	* CPEP 3 - Orthopaedics	OUT
Neck spinal fusion	CPEP 15 - Neurosurgery	OUT
22600	* CPEP 3 - Orthopaedics	OUT
Neck spine fusion	CPEP 15 - Neurosurgery	OUT
22610	* CPEP 3 - Orthopaedics	OUT
Thorax spine fusion	CPEP 15 - Neurosurgery	OUT
22612	* CPEP 3 - Orthopaedics	OUT
Lumbar spine fusion	CPEP 15 - Neurosurgery	OUT
22625	* CPEP 3 - Orthopaedics	OUT
Lumbar spine fusion	CPEP 15 - Neurosurgery	OUT
22630	* CPEP 3 - Orthopaedics	OUT
Lumbar spine fusion	CPEP 15 - Neurosurgery	OUT
22650	* CPEP 3 - Orthopaedics	OUT
Additional spinal fusion	CPEP 15 - Neurosurgery	OUT
22800	* CPEP 3 - Orthopaedics	OUT
Fusion of spine	CPEP 15 - Neurosurgery	OUT
22802	* CPEP 3 - Orthopaedics	OUT
Fusion of spine	CPEP 15 - Neurosurgery	OUT
22810	* CPEP 3 - Orthopaedics	OUT
Fusion of spine	CPEP 15 - Neurosurgery	OUT
22812	* CPEP 3 - Orthopaedics	OUT
Fusion of spine	CPEP 15 - Neurosurgery	OUT
22830	* CPEP 3 - Orthopaedics	OUT
Exploration of spinal fusion	CPEP 15 - Neurosurgery	OUT
22840	* CPEP 3 - Orthopaedics	OUT
Insert spine fixation device	CPEP 15 - Neurosurgery	OUT
22842	* R CPEP 3 - Orthopaedics	NOT PROFILED
Insert spine fixation device	R CPEP 15 - Neurosurgery	OUT
22845	* CPEP 3 - Orthopaedics	OUT
Insert spine fixation device	CPEP 15 - Neurosurgery	OUT

HCPCS	CPEP	Sites Profiled
<i>Description</i>	<i>* indicates the primary assignment R indicates a reference service</i>	
22849	* CPEP 3 - Orthopaedics	OUT
Reinsert spinal fixation	CPEP 15 - Neurosurgery	OUT
22850	* CPEP 3 - Orthopaedics	OUT
Remove spine fixation device	CPEP 15 - Neurosurgery	OUT
22852	* CPEP 3 - Orthopaedics	OUT
Remove spine fixation device	CPEP 15 - Neurosurgery	OUT
22855	* CPEP 3 - Orthopaedics	OUT
Remove spine fixation device	CPEP 15 - Neurosurgery	OUT
25065	CPEP 1 - Integumentary and Physical Medicine	IN OUT
Biopsy forearm soft tissues	* CPEP 3 - Orthopaedics	OUT
27613	CPEP 1 - Integumentary and Physical Medicine	IN OUT
Biopsy lower leg soft tissue	* CPEP 3 - Orthopaedics	IN OUT
28035	CPEP 3 - Orthopaedics	IN OUT
Decompression of tibia nerve	* CPEP 15 - Neurosurgery	OUT
29000	* CPEP 3 - Orthopaedics	IN OUT
Application of body cast	CPEP 7 - Evaluation and Management	NOT PROFILED
29010	* CPEP 3 - Orthopaedics	IN OUT
Application of body cast	CPEP 7 - Evaluation and Management	NOT PROFILED
29015	* CPEP 3 - Orthopaedics	IN OUT
Application of body cast	CPEP 7 - Evaluation and Management	NOT PROFILED
29020	* CPEP 3 - Orthopaedics	IN OUT
Application of body cast	CPEP 7 - Evaluation and Management	NOT PROFILED
29025	* CPEP 3 - Orthopaedics	IN OUT
Application of body cast	CPEP 7 - Evaluation and Management	NOT PROFILED
29035	* CPEP 3 - Orthopaedics	IN OUT
Application of body cast	CPEP 7 - Evaluation and Management	NOT PROFILED
29040	* CPEP 3 - Orthopaedics	IN OUT
Application of body cast	CPEP 7 - Evaluation and Management	NOT PROFILED
29044	* CPEP 3 - Orthopaedics	IN OUT
Application of body cast	CPEP 7 - Evaluation and Management	NOT PROFILED

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
29046 Application of body cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT NOT PROFILED
29049 Application of shoulder cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT NOT PROFILED
29055 Application of shoulder cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT NOT PROFILED
29058 Application of shoulder cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT NOT PROFILED
29065 Application of long arm cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
29075 Application of forearm cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
29085 Apply hand/wrist cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
29105 Apply long arm splint	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
29125 Apply forearm splint	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
29126 Apply forearm splint	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT NOT PROFILED
29130 Application of finger splint	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
29131 Application of finger splint	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT NOT PROFILED
29200 Strapping of chest	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
29220 Strapping of low back	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT
29240 Strapping of shoulder	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN OUT IN OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
29260	* CPEP 3 - Orthopaedics	IN OUT
Strapping of elbow or wrist	CPEP 7 - Evaluation and Management	IN OUT
29280	* CPEP 3 - Orthopaedics	IN OUT
Strapping of hand or finger	CPEP 7 - Evaluation and Management	IN OUT
29305	* CPEP 3 - Orthopaedics	IN OUT
Application of hip cast	CPEP 7 - Evaluation and Management	NOT PROFILED
29325	* CPEP 3 - Orthopaedics	IN OUT
Application of hip casts	CPEP 7 - Evaluation and Management	NOT PROFILED
29345	* CPEP 3 - Orthopaedics	IN OUT
Application of long leg cast	CPEP 7 - Evaluation and Management	IN OUT
29355	* CPEP 3 - Orthopaedics	IN OUT
Application of long leg cast	CPEP 7 - Evaluation and Management	IN OUT
29358	* CPEP 3 - Orthopaedics	IN OUT
Apply long leg cast brace	CPEP 7 - Evaluation and Management	NOT PROFILED
29365	* CPEP 3 - Orthopaedics	IN OUT
Application of long leg cast	CPEP 7 - Evaluation and Management	IN OUT
29405	* <i>R</i> CPEP 3 - Orthopaedics	IN OUT
Apply short leg cast	<i>R</i> CPEP 7 - Evaluation and Management	IN OUT
29425	* CPEP 3 - Orthopaedics	IN OUT
Apply short leg cast	CPEP 7 - Evaluation and Management	IN OUT
29435	* CPEP 3 - Orthopaedics	IN OUT
Apply short leg cast	CPEP 7 - Evaluation and Management	NOT PROFILED
29440	* CPEP 3 - Orthopaedics	IN OUT
Addition of walker to cast	CPEP 7 - Evaluation and Management	IN OUT
29445	* CPEP 3 - Orthopaedics	IN OUT
Apply rigid leg cast	CPEP 7 - Evaluation and Management	NOT PROFILED
29450	* CPEP 3 - Orthopaedics	IN OUT
Application of leg cast	CPEP 7 - Evaluation and Management	NOT PROFILED
29505	* CPEP 3 - Orthopaedics	IN OUT
Application long leg splint	CPEP 7 - Evaluation and Management	NOT PROFILED

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>	
29515 Application lower leg splint	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN	OUT NOT PROFILED
29520 Strapping of hip	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN	OUT OUT
29530 Strapping of knee	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN	OUT OUT
29540 Strapping of ankle	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN	OUT OUT
29550 Strapping of toes	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN	OUT OUT
29580 Application of paste boot	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN	OUT OUT
29590 Application of foot splint	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN	OUT NOT PROFILED
29700 Removal/revision of cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN	OUT OUT
29705 Removal/revision of cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN	OUT OUT
29710 Removal/revision of cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN	OUT NOT PROFILED
29715 Removal/revision of cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN	OUT NOT PROFILED
29720 Repair of body cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN	OUT NOT PROFILED
29730 Windowing of cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN	OUT OUT
29740 Wedging of cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN	OUT OUT
29750 Wedging of clubfoot cast	* CPEP 3 - Orthopaedics CPEP 7 - Evaluation and Management	IN	OUT NOT PROFILED

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
30915	CPEP 9 - Otolaryngology	OUT
Ligation nasal sinus artery	* CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
30920	CPEP 9 - Otolaryngology	OUT
Ligation upper jaw artery	* CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
31612	* CPEP 8 - General Surgery	IN OUT
Puncture/clear windpipe	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT
31615	* CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT
Visualization of windpipe	CPEP 12 - Cardiothoracic and Vascular	OUT
31622	* R CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
Diagnostic bronchoscopy	R CPEP 12 - Cardiothoracic and Vascular	OUT
31625	* CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
Bronchoscopy with biopsy	CPEP 12 - Cardiothoracic and Vascular	OUT
31628	* CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
Bronchoscopy with biopsy	CPEP 12 - Cardiothoracic and Vascular	OUT
31629	* CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
Bronchoscopy with biopsy	CPEP 12 - Cardiothoracic and Vascular	OUT
31630	* CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
Bronchoscopy with repair	CPEP 12 - Cardiothoracic and Vascular	OUT
31631	* CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
Bronchoscopy with dilation	CPEP 12 - Cardiothoracic and Vascular	OUT
31635	* CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
Remove foreign body, airway	CPEP 12 - Cardiothoracic and Vascular	OUT
31640	* CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
Bronchoscopy & remove lesion	CPEP 12 - Cardiothoracic and Vascular	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
31641 Bronchoscopy, treat blockage	* CPEP 10 - Miscellaneous Internal Medicine and Other Services CPEP 12 - Cardiothoracic and Vascular	OUT OUT
31645 Bronchoscopy, clear airways	* CPEP 10 - Miscellaneous Internal Medicine and Other Services CPEP 12 - Cardiothoracic and Vascular	OUT OUT
31646 Bronchoscopy, reclear airways	* CPEP 10 - Miscellaneous Internal Medicine and Other Services CPEP 12 - Cardiothoracic and Vascular	OUT OUT
31656 Bronchoscopy, inject for xray	* CPEP 10 - Miscellaneous Internal Medicine and Other Services CPEP 12 - Cardiothoracic and Vascular	OUT OUT
31700 Insertion of airway catheter	* CPEP 10 - Miscellaneous Internal Medicine and Other Services CPEP 12 - Cardiothoracic and Vascular	IN OUT OUT
31710 Insertion of airway catheter	* CPEP 10 - Miscellaneous Internal Medicine and Other Services CPEP 12 - Cardiothoracic and Vascular	OUT OUT
31715 Injection for bronchus x-ray	* CPEP 10 - Miscellaneous Internal Medicine and Other Services CPEP 12 - Cardiothoracic and Vascular	OUT OUT
31717 Bronchial brush biopsy	* CPEP 10 - Miscellaneous Internal Medicine and Other Services CPEP 12 - Cardiothoracic and Vascular	IN OUT OUT
31720 Clearance of airways	* CPEP 8 - General Surgery CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT IN OUT
31725 Clearance of airways	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
31730 Intro windpipe wire/tube	* CPEP 8 - General Surgery CPEP 10 - Miscellaneous Internal Medicine and Other Services	NOT PROFILED IN OUT
31760 Repair of windpipe	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
31766 Reconstruction of windpipe	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
31770	CPEP 8 - General Surgery	NOT PROFILED
Repair/graft of bronchus	* CPEP 12 - Cardiothoracic and Vascular	OUT
31775	CPEP 8 - General Surgery	NOT PROFILED
Reconstruct bronchus	* CPEP 12 - Cardiothoracic and Vascular	OUT
31780	CPEP 8 - General Surgery	NOT PROFILED
Reconstruct windpipe	* CPEP 12 - Cardiothoracic and Vascular	OUT
31781	CPEP 8 - General Surgery	NOT PROFILED
Reconstruct windpipe	* CPEP 12 - Cardiothoracic and Vascular	OUT
31785	CPEP 8 - General Surgery	NOT PROFILED
Remove windpipe lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
31786	CPEP 8 - General Surgery	NOT PROFILED
Remove windpipe lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
31800	CPEP 8 - General Surgery	NOT PROFILED
Repair of windpipe injury	* CPEP 12 - Cardiothoracic and Vascular	OUT
31805	CPEP 8 - General Surgery	NOT PROFILED
Repair of windpipe injury	* CPEP 12 - Cardiothoracic and Vascular	OUT
32000	* CPEP 8 - General Surgery	OUT
Drainage of chest	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT
32002	* CPEP 8 - General Surgery	OUT
Treatment of collapsed lung	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT
32005	CPEP 8 - General Surgery	NOT PROFILED
Treat lung lining chemically	* CPEP 12 - Cardiothoracic and Vascular	OUT
32020	* <i>R</i> CPEP 8 - General Surgery	OUT
Insertion of chest tube	<i>R</i> CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
32035	CPEP 8 - General Surgery	NOT PROFILED
Exploration of chest	* CPEP 12 - Cardiothoracic and Vascular	OUT
32036	CPEP 8 - General Surgery	NOT PROFILED
Exploration of chest	* CPEP 12 - Cardiothoracic and Vascular	OUT

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>
32095	CPEP 8 - General Surgery	NOT PROFILED
Biopsy through chest wall	* CPEP 12 - Cardiothoracic and Vascular	OUT
32100	CPEP 8 - General Surgery	NOT PROFILED
Exploration/biopsy of chest	* CPEP 12 - Cardiothoracic and Vascular	OUT
32110	CPEP 8 - General Surgery	NOT PROFILED
Explore/repair chest	* CPEP 12 - Cardiothoracic and Vascular	OUT
32120	CPEP 8 - General Surgery	NOT PROFILED
Re-exploration of chest	* CPEP 12 - Cardiothoracic and Vascular	OUT
32124	CPEP 8 - General Surgery	NOT PROFILED
Explore chest,free adhesions	* CPEP 12 - Cardiothoracic and Vascular	OUT
32140	CPEP 8 - General Surgery	NOT PROFILED
Removal of lung lesion(s)	* CPEP 12 - Cardiothoracic and Vascular	OUT
32141	CPEP 8 - General Surgery	NOT PROFILED
Remove/treat lung lesions	* CPEP 12 - Cardiothoracic and Vascular	OUT
32150	CPEP 8 - General Surgery	NOT PROFILED
Removal of lung lesion(s)	* CPEP 12 - Cardiothoracic and Vascular	OUT
32151	CPEP 8 - General Surgery	NOT PROFILED
Remove lung foreign body	* CPEP 12 - Cardiothoracic and Vascular	OUT
32160	CPEP 8 - General Surgery	NOT PROFILED
Open chest heart massage	* CPEP 12 - Cardiothoracic and Vascular	OUT
32200	CPEP 8 - General Surgery	NOT PROFILED
Drainage of lung lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
32215	CPEP 8 - General Surgery	NOT PROFILED
Treat chest lining	* CPEP 12 - Cardiothoracic and Vascular	OUT
32220	CPEP 8 - General Surgery	NOT PROFILED
Release of lung	* CPEP 12 - Cardiothoracic and Vascular	OUT
32225	CPEP 8 - General Surgery	NOT PROFILED
Partial release of lung	* CPEP 12 - Cardiothoracic and Vascular	OUT
32310	CPEP 8 - General Surgery	NOT PROFILED
Removal of chest lining	* CPEP 12 - Cardiothoracic and Vascular	OUT

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>
32320 Free/remove chest lining	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
32400 Needle biopsy chest lining	CPEP 6 - Radiology * CPEP 8 - General Surgery	OUT OUT
32402 Open biopsy chest lining	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
32405 Biopsy, lung or mediastinum	CPEP 6 - Radiology * CPEP 8 - General Surgery	OUT OUT
32420 Puncture/clear lung	* CPEP 8 - General Surgery CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT OUT
32440 Removal of lung	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
32442 Sleeve pneumonectomy	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
32445 Removal of lung	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
32480 Partial removal of lung	R CPEP 8 - General Surgery * R CPEP 12 - Cardiothoracic and Vascular	OUT OUT
32482 Bilobectomy	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
32484 Segmentectomy	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
32485 Partial removal of lung	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
32486 Sleeve lobectomy	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
32488 Completion pneumonectomy	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
32500 Partial removal of lung	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT

HCPCS

Description

CPEP

** indicates the primary assignment
R indicates a reference service*

Sites Profiled

32520		CPEP 8 - General Surgery	NOT PROFILED
Remove lung & revise chest	*	CPEP 12 - Cardiothoracic and Vascular	OUT
32522		CPEP 8 - General Surgery	NOT PROFILED
Remove lung & revise chest	*	CPEP 12 - Cardiothoracic and Vascular	OUT
32525		CPEP 8 - General Surgery	NOT PROFILED
Remove lung & revise chest	*	CPEP 12 - Cardiothoracic and Vascular	OUT
32540		CPEP 8 - General Surgery	NOT PROFILED
Removal of lung lesion	*	CPEP 12 - Cardiothoracic and Vascular	OUT
32800		CPEP 8 - General Surgery	NOT PROFILED
Repair lung hernia	*	CPEP 12 - Cardiothoracic and Vascular	OUT
32810		CPEP 8 - General Surgery	NOT PROFILED
Close chest after drainage	*	CPEP 12 - Cardiothoracic and Vascular	OUT
32815		CPEP 8 - General Surgery	NOT PROFILED
Close bronchial fistula	*	CPEP 12 - Cardiothoracic and Vascular	OUT
32820		CPEP 8 - General Surgery	NOT PROFILED
Reconstruct injured chest	*	CPEP 12 - Cardiothoracic and Vascular	OUT
32900		CPEP 8 - General Surgery	NOT PROFILED
Removal of rib(s)	*	CPEP 12 - Cardiothoracic and Vascular	OUT
32905		CPEP 8 - General Surgery	NOT PROFILED
Revise & repair chest wall	*	CPEP 12 - Cardiothoracic and Vascular	OUT
32906		CPEP 8 - General Surgery	NOT PROFILED
Revise & repair chest wall	*	CPEP 12 - Cardiothoracic and Vascular	OUT
32940		CPEP 8 - General Surgery	NOT PROFILED
Revision of lung	*	CPEP 12 - Cardiothoracic and Vascular	OUT
32960	*	CPEP 8 - General Surgery	OUT
Therapeutic pneumothorax		CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT
33010	*	CPEP 8 - General Surgery	OUT
Drainage of heart sac		CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT

33011	*	CPEP 8 - General Surgery	OUT
Repeat drainage of heart sac		CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
33015	*	CPEP 8 - General Surgery	OUT
Incision of heart sac		CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
33200		CPEP 12 - Cardiothoracic and Vascular	OUT
Insertion of heart pacemaker	*	CPEP 13 - Cardiology	OUT
33201		CPEP 12 - Cardiothoracic and Vascular	OUT
Insertion of heart pacemaker	*	CPEP 13 - Cardiology	OUT
33206		CPEP 12 - Cardiothoracic and Vascular	OUT
Insertion of heart pacemaker	*	CPEP 13 - Cardiology	OUT
33207		CPEP 12 - Cardiothoracic and Vascular	OUT
Insertion of heart pacemaker	*	CPEP 13 - Cardiology	OUT
33208		R CPEP 12 - Cardiothoracic and Vascular	OUT
Insertion of heart pacemaker	* R	CPEP 13 - Cardiology	OUT
33210		CPEP 12 - Cardiothoracic and Vascular	OUT
Insertion of heart electrode	*	CPEP 13 - Cardiology	OUT
33211		CPEP 12 - Cardiothoracic and Vascular	OUT
Insertion of heart electrode	*	CPEP 13 - Cardiology	OUT
33212		CPEP 12 - Cardiothoracic and Vascular	OUT
Insertion of pulse generator	*	CPEP 13 - Cardiology	OUT
33213		CPEP 12 - Cardiothoracic and Vascular	OUT
Insertion of pulse generator	*	CPEP 13 - Cardiology	OUT
33214		CPEP 12 - Cardiothoracic and Vascular	OUT
Upgrade of pacemaker system	*	CPEP 13 - Cardiology	OUT
33216		CPEP 12 - Cardiothoracic and Vascular	OUT
Revision implanted electrode	*	CPEP 13 - Cardiology	OUT
33217		CPEP 12 - Cardiothoracic and Vascular	OUT
Insert/revise electrode	*	CPEP 13 - Cardiology	OUT
33218		CPEP 12 - Cardiothoracic and Vascular	OUT
Repair pacemaker electrodes	*	CPEP 13 - Cardiology	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment R indicates a reference service</i>	
33220	CPEP 12 - Cardiothoracic and Vascular	OUT
Repair pacemaker electrode	* CPEP 13 - Cardiology	OUT
33222	CPEP 12 - Cardiothoracic and Vascular	OUT
Pacemaker acid pocket	* CPEP 13 - Cardiology	OUT
33223	CPEP 12 - Cardiothoracic and Vascular	OUT
Pacemaker acid pocket	* CPEP 13 - Cardiology	OUT
33233	CPEP 12 - Cardiothoracic and Vascular	OUT
Removal of pacemaker system	* CPEP 13 - Cardiology	OUT
33234	CPEP 12 - Cardiothoracic and Vascular	OUT
Removal of pacemaker system	* CPEP 13 - Cardiology	OUT
33235	CPEP 12 - Cardiothoracic and Vascular	OUT
Removal pacemaker electrode	* CPEP 13 - Cardiology	OUT
33236	CPEP 12 - Cardiothoracic and Vascular	OUT
Remove electrode/thoracotomy	* CPEP 13 - Cardiology	OUT
33237	CPEP 12 - Cardiothoracic and Vascular	OUT
Remove electrode/thoracotomy	* CPEP 13 - Cardiology	OUT
33238	CPEP 12 - Cardiothoracic and Vascular	OUT
Remove electrode/thoracotomy	* CPEP 13 - Cardiology	OUT
33240	CPEP 12 - Cardiothoracic and Vascular	OUT
Insert/replace pulse gener	* CPEP 13 - Cardiology	OUT
33241	CPEP 12 - Cardiothoracic and Vascular	OUT
Remove pulse generator only	* CPEP 13 - Cardiology	OUT
33242	CPEP 12 - Cardiothoracic and Vascular	OUT
Repair pulse generator/leads	* CPEP 13 - Cardiology	OUT
33243	CPEP 12 - Cardiothoracic and Vascular	OUT
Remove generator/thoracotomy	* CPEP 13 - Cardiology	OUT
33244	CPEP 12 - Cardiothoracic and Vascular	OUT
Remove generator	* CPEP 13 - Cardiology	OUT
33245	CPEP 12 - Cardiothoracic and Vascular	OUT
Implant heart defibrillator	* CPEP 13 - Cardiology	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
33246	CPEP 12 - Cardiothoracic and Vascular	OUT
Implant heart defibrillator	* CPEP 13 - Cardiology	OUT
33247	CPEP 12 - Cardiothoracic and Vascular	OUT
Insert/replace leads	* CPEP 13 - Cardiology	OUT
33249	CPEP 12 - Cardiothoracic and Vascular	OUT
Insert/replace leads/gener	* CPEP 13 - Cardiology	OUT
34001	CPEP 8 - General Surgery	NOT PROFILED
Removal of artery clot	* CPEP 12 - Cardiothoracic and Vascular	OUT
34051	CPEP 8 - General Surgery	NOT PROFILED
Removal of artery clot	* CPEP 12 - Cardiothoracic and Vascular	OUT
34101	CPEP 8 - General Surgery	NOT PROFILED
Removal of artery clot	* CPEP 12 - Cardiothoracic and Vascular	OUT
34111	CPEP 8 - General Surgery	NOT PROFILED
Removal of arm artery clot	* CPEP 12 - Cardiothoracic and Vascular	OUT
34151	CPEP 8 - General Surgery	NOT PROFILED
Removal of artery clot	* CPEP 12 - Cardiothoracic and Vascular	OUT
34201	CPEP 8 - General Surgery	NOT PROFILED
Removal of artery clot	* CPEP 12 - Cardiothoracic and Vascular	OUT
34203	CPEP 8 - General Surgery	NOT PROFILED
Removal of leg artery clot	* CPEP 12 - Cardiothoracic and Vascular	OUT
34401	CPEP 8 - General Surgery	NOT PROFILED
Removal of vein clot	* CPEP 12 - Cardiothoracic and Vascular	OUT
34421	CPEP 8 - General Surgery	NOT PROFILED
Removal of vein clot	* CPEP 12 - Cardiothoracic and Vascular	OUT
34451	CPEP 8 - General Surgery	NOT PROFILED
Removal of vein clot	* CPEP 12 - Cardiothoracic and Vascular	OUT
34471	CPEP 8 - General Surgery	NOT PROFILED
Removal of vein clot	* CPEP 12 - Cardiothoracic and Vascular	OUT
34490	CPEP 8 - General Surgery	OUT
Removal of vein clot	* CPEP 12 - Cardiothoracic and Vascular	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
34501	CPEP 8 - General Surgery	OUT
Repair valve, femoral vein	* CPEP 12 - Cardiothoracic and Vascular	OUT
34502	CPEP 8 - General Surgery	NOT PROFILED
Reconstruct, vena cava	* CPEP 12 - Cardiothoracic and Vascular	OUT
34510	CPEP 8 - General Surgery	OUT
Transposition of vein valve	* CPEP 12 - Cardiothoracic and Vascular	OUT
34520	CPEP 8 - General Surgery	OUT
Cross-over vein graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
34530	CPEP 8 - General Surgery	OUT
Leg vein fusion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35001	CPEP 8 - General Surgery	NOT PROFILED
Repair defect of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35002	CPEP 8 - General Surgery	NOT PROFILED
Repair artery rupture, neck	* CPEP 12 - Cardiothoracic and Vascular	OUT
35005	CPEP 8 - General Surgery	NOT PROFILED
Repair defect of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35011	CPEP 8 - General Surgery	NOT PROFILED
Repair defect of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35013	CPEP 8 - General Surgery	NOT PROFILED
Repair artery rupture, arm	* CPEP 12 - Cardiothoracic and Vascular	OUT
35021	CPEP 8 - General Surgery	NOT PROFILED
Repair defect of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35022	CPEP 8 - General Surgery	NOT PROFILED
Repair artery rupture, chest	* CPEP 12 - Cardiothoracic and Vascular	OUT
35045	CPEP 8 - General Surgery	OUT
Repair defect of arm artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35081	CPEP 8 - General Surgery	NOT PROFILED
Repair defect of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35082	CPEP 8 - General Surgery	NOT PROFILED
Repair artery rupture, aorta	* CPEP 12 - Cardiothoracic and Vascular	OUT

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>
35091 Repair defect of artery	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
35092 Repair artery rupture, aorta	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
35102 Repair defect of artery	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
35103 Repair artery rupture, groin	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
35111 Repair defect of artery	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
35112 Repair artery rupture, spleen	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
35121 Repair defect of artery	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
35122 Repair artery rupture, belly	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
35131 Repair defect of artery	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
35132 Repair artery rupture, groin	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
35141 Repair defect of artery	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
35142 Repair artery rupture, thigh	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
35151 Repair defect of artery	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
35152 Repair artery rupture, knee	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
35161 Repair defect of artery	CPEP 8 - General Surgery * CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT

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R indicates a reference service

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35162	CPEP 8 - General Surgery	NOT PROFILED
Repair artery rupture	* CPEP 12 - Cardiothoracic and Vascular	OUT
35180	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35182	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35184	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35188	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35189	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35190	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35201	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35206	CPEP 8 - General Surgery	OUT
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35207	CPEP 8 - General Surgery	OUT
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
35211	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35216	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35221	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35226	CPEP 8 - General Surgery	OUT
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35231	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
35236	CPEP 8 - General Surgery	OUT
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35241	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35246	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35251	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35256	CPEP 8 - General Surgery	OUT
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35261	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35266	CPEP 8 - General Surgery	OUT
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35271	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35276	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35281	CPEP 8 - General Surgery	NOT PROFILED
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35286	CPEP 8 - General Surgery	OUT
Repair blood vessel lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
35301	<i>R</i> CPEP 8 - General Surgery	OUT
Rechanneling of artery	* <i>R</i> CPEP 12 - Cardiothoracic and Vascular	OUT
35311	CPEP 8 - General Surgery	NOT PROFILED
Rechanneling of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35321	CPEP 8 - General Surgery	NOT PROFILED
Rechanneling of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35331	CPEP 8 - General Surgery	NOT PROFILED
Rechanneling of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
35341	CPEP 8 - General Surgery	NOT PROFILED
Rechanneling of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35351	CPEP 8 - General Surgery	NOT PROFILED
Rechanneling of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35355	CPEP 8 - General Surgery	NOT PROFILED
Rechanneling of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35361	CPEP 8 - General Surgery	NOT PROFILED
Rechanneling of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35363	CPEP 8 - General Surgery	NOT PROFILED
Rechanneling of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35371	CPEP 8 - General Surgery	NOT PROFILED
Rechanneling of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35372	CPEP 8 - General Surgery	NOT PROFILED
Rechanneling of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35381	CPEP 8 - General Surgery	NOT PROFILED
Rechanneling of artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35390	CPEP 8 - General Surgery	NOT PROFILED
Reoperation, carotid	* CPEP 12 - Cardiothoracic and Vascular	OUT
35450	CPEP 6 - Radiology	OUT
Repair arterial blockage	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	NOT PROFILED
35452	CPEP 6 - Radiology	OUT
Repair arterial blockage	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	NOT PROFILED
35454	CPEP 6 - Radiology	OUT
Repair arterial blockage	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	NOT PROFILED
35456	CPEP 6 - Radiology	OUT
Repair arterial blockage	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	NOT PROFILED

<i>HCPCS</i> <i>Description</i>	<i>CPEP</i> <i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	<i>Sites Profiled</i>
35458 Repair arterial blockage	CPEP 6 - Radiology CPEP 12 - Cardiothoracic and Vascular * CPEP 13 - Cardiology	OUT OUT NOT PROFILED
35459 Repair arterial blockage	CPEP 6 - Radiology CPEP 12 - Cardiothoracic and Vascular * CPEP 13 - Cardiology	OUT OUT NOT PROFILED
35460 Repair venous blockage	CPEP 6 - Radiology CPEP 12 - Cardiothoracic and Vascular * CPEP 13 - Cardiology	OUT OUT NOT PROFILED
35470 Repair arterial blockage	CPEP 6 - Radiology CPEP 12 - Cardiothoracic and Vascular * CPEP 13 - Cardiology	OUT OUT OUT
35471 Repair arterial blockage	CPEP 6 - Radiology CPEP 12 - Cardiothoracic and Vascular * CPEP 13 - Cardiology	OUT OUT OUT
35472 Repair arterial blockage	CPEP 6 - Radiology CPEP 12 - Cardiothoracic and Vascular * CPEP 13 - Cardiology	OUT OUT OUT
35473 Repair arterial blockage	CPEP 6 - Radiology CPEP 12 - Cardiothoracic and Vascular * CPEP 13 - Cardiology	OUT OUT OUT
35474 Repair arterial blockage	<i>R</i> CPEP 6 - Radiology <i>R</i> CPEP 12 - Cardiothoracic and Vascular * <i>R</i> CPEP 13 - Cardiology	OUT OUT OUT
35475 Repair arterial blockage	CPEP 6 - Radiology CPEP 12 - Cardiothoracic and Vascular * CPEP 13 - Cardiology	OUT OUT OUT
35476 Repair venous blockage	CPEP 6 - Radiology CPEP 12 - Cardiothoracic and Vascular * CPEP 13 - Cardiology	OUT OUT OUT
35480 Atherectomy, open	CPEP 6 - Radiology CPEP 12 - Cardiothoracic and Vascular * CPEP 13 - Cardiology	OUT OUT NOT PROFILED

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
35481	CPEP 6 - Radiology	OUT
Atherectomy, open	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	NOT PROFILED
35482	CPEP 6 - Radiology	OUT
Atherectomy, open	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	NOT PROFILED
35483	CPEP 6 - Radiology	OUT
Atherectomy, open	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	NOT PROFILED
35484	CPEP 6 - Radiology	OUT
Atherectomy, open	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	NOT PROFILED
35485	CPEP 6 - Radiology	OUT
Atherectomy, open	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	NOT PROFILED
35490	CPEP 6 - Radiology	OUT
Atherectomy, percutaneous	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	OUT
35491	CPEP 6 - Radiology	OUT
Atherectomy, percutaneous	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	OUT
35492	CPEP 6 - Radiology	OUT
Atherectomy, percutaneous	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	OUT
35493	CPEP 6 - Radiology	OUT
Atherectomy, percutaneous	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	OUT
35494	CPEP 6 - Radiology	OUT
Atherectomy, percutaneous	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	OUT
35495	CPEP 6 - Radiology	OUT
Atherectomy, percutaneous	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	OUT

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>
35501	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35506	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35507	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35508	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35509	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35511	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35515	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35516	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35518	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35521	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35526	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35531	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35533	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35536	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35541	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
35546	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35548	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35549	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35551	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35556	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35558	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35560	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35563	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35565	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35566	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35571	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35582	CPEP 8 - General Surgery	NOT PROFILED
Vein bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35583	CPEP 8 - General Surgery	NOT PROFILED
Vein bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35585	<i>R</i> CPEP 8 - General Surgery	OUT
Vein bypass graft	* <i>R</i> CPEP 12 - Cardiothoracic and Vascular	OUT
35587	CPEP 8 - General Surgery	NOT PROFILED
Vein bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT

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HCPCS Description	CPEP	Sites Profiled
35601	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35606	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35612	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35616	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35621	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35623	CPEP 8 - General Surgery	NOT PROFILED
Bypass graft, not vein	* CPEP 12 - Cardiothoracic and Vascular	OUT
35626	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35631	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35636	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35641	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35642	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35645	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35646	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35650	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35651	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
35654	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35656	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35661	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35663	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35665	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35666	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35671	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35681	CPEP 8 - General Surgery	NOT PROFILED
Artery bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35691	CPEP 8 - General Surgery	NOT PROFILED
Arterial transposition	* CPEP 12 - Cardiothoracic and Vascular	OUT
35693	CPEP 8 - General Surgery	NOT PROFILED
Arterial transposition	* CPEP 12 - Cardiothoracic and Vascular	OUT
35694	CPEP 8 - General Surgery	NOT PROFILED
Arterial transposition	* CPEP 12 - Cardiothoracic and Vascular	OUT
35695	CPEP 8 - General Surgery	NOT PROFILED
Arterial transposition	* CPEP 12 - Cardiothoracic and Vascular	OUT
35700	CPEP 8 - General Surgery	NOT PROFILED
Reoperation, bypass graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35701	CPEP 8 - General Surgery	NOT PROFILED
Exploration, carotid artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35721	CPEP 8 - General Surgery	OUT
Exploration, femoral artery	* CPEP 12 - Cardiothoracic and Vascular	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
35741	CPEP 8 - General Surgery	OUT
Exploration popliteal artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
35761	CPEP 8 - General Surgery	OUT
Exploration of artery/vein	* CPEP 12 - Cardiothoracic and Vascular	OUT
35800	CPEP 8 - General Surgery	NOT PROFILED
Explore neck vessels	* CPEP 12 - Cardiothoracic and Vascular	OUT
35820	CPEP 8 - General Surgery	NOT PROFILED
Explore chest vessels	* CPEP 12 - Cardiothoracic and Vascular	OUT
35840	CPEP 8 - General Surgery	NOT PROFILED
Explore abdominal vessels	* CPEP 12 - Cardiothoracic and Vascular	OUT
35860	CPEP 8 - General Surgery	NOT PROFILED
Explore limb vessels	* CPEP 12 - Cardiothoracic and Vascular	OUT
35870	CPEP 8 - General Surgery	NOT PROFILED
Repair vessel graft defect	* CPEP 12 - Cardiothoracic and Vascular	OUT
35875	CPEP 8 - General Surgery	OUT
Removal of clot in graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35876	CPEP 8 - General Surgery	OUT
Removal of clot in graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
35901	CPEP 8 - General Surgery	OUT
Excision, graft, neck	* CPEP 12 - Cardiothoracic and Vascular	OUT
35903	CPEP 8 - General Surgery	OUT
Excision, graft, extremity	* CPEP 12 - Cardiothoracic and Vascular	OUT
35905	CPEP 8 - General Surgery	NOT PROFILED
Excision, graft, thorax	* CPEP 12 - Cardiothoracic and Vascular	OUT
35907	CPEP 8 - General Surgery	NOT PROFILED
Excision, graft, abdomen	* CPEP 12 - Cardiothoracic and Vascular	OUT
36260	CPEP 8 - General Surgery	OUT
Insertion of infusion pump	* CPEP 12 - Cardiothoracic and Vascular	OUT
36470	CPEP 6 - Radiology	IN
Injection therapy of vein	* CPEP 8 - General Surgery	IN

Description ** indicates the primary assignment*
R indicates a reference service

36471	CPEP 6 - Radiology	IN
Injection therapy of veins	* CPEP 8 - General Surgery	IN
	CPEP 12 - Cardiothoracic and Vascular	IN
36530	CPEP 8 - General Surgery	OUT
Insertion of infusion pump	* CPEP 12 - Cardiothoracic and Vascular	OUT
36531	CPEP 8 - General Surgery	OUT
Revision of infusion pump	* CPEP 12 - Cardiothoracic and Vascular	OUT
36533	CPEP 8 - General Surgery	OUT
Insertion of access port	* CPEP 12 - Cardiothoracic and Vascular	OUT
36620	* CPEP 6 - Radiology	OUT
Insertion catheter, artery	CPEP 14 - Anesthesiology/Pathology	OUT
36800	CPEP 8 - General Surgery	OUT
Insertion of cannula	* CPEP 12 - Cardiothoracic and Vascular	OUT
36810	CPEP 8 - General Surgery	OUT
Insertion of cannula	* CPEP 12 - Cardiothoracic and Vascular	OUT
36815	CPEP 8 - General Surgery	NOT PROFILED
Insertion of cannula	* CPEP 12 - Cardiothoracic and Vascular	OUT
36821	CPEP 8 - General Surgery	OUT
Artery-vein fusion	* CPEP 12 - Cardiothoracic and Vascular	OUT
36822	CPEP 8 - General Surgery	NOT PROFILED
Insertion of cannula(s)	* CPEP 12 - Cardiothoracic and Vascular	OUT
36825	CPEP 8 - General Surgery	OUT
Artery-vein graft	* CPEP 12 - Cardiothoracic and Vascular	OUT
36830	<i>R</i> CPEP 8 - General Surgery	OUT
Artery-vein graft	* <i>R</i> CPEP 12 - Cardiothoracic and Vascular	OUT
36832	CPEP 8 - General Surgery	OUT
Revise artery-vein fistula	* CPEP 12 - Cardiothoracic and Vascular	OUT
36834	CPEP 8 - General Surgery	NOT PROFILED
Repair A-V aneurysm	* CPEP 12 - Cardiothoracic and Vascular	OUT
36835	CPEP 8 - General Surgery	OUT
Artery to vein shunt	* CPEP 12 - Cardiothoracic and Vascular	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
36860	CPEP 8 - General Surgery	OUT
Cannula declotting	* CPEP 12 - Cardiothoracic and Vascular	OUT
36861	CPEP 8 - General Surgery	OUT
Cannula declotting	* CPEP 12 - Cardiothoracic and Vascular	OUT
37140	CPEP 8 - General Surgery	NOT PROFILED
Revision of circulation	* CPEP 12 - Cardiothoracic and Vascular	OUT
37145	CPEP 8 - General Surgery	NOT PROFILED
Revision of circulation	* CPEP 12 - Cardiothoracic and Vascular	OUT
37160	CPEP 8 - General Surgery	NOT PROFILED
Revision of circulation	* CPEP 12 - Cardiothoracic and Vascular	OUT
37180	CPEP 8 - General Surgery	NOT PROFILED
Revision of circulation	* CPEP 12 - Cardiothoracic and Vascular	OUT
37181	CPEP 8 - General Surgery	NOT PROFILED
Splice spleen/kidney veins	* CPEP 12 - Cardiothoracic and Vascular	OUT
37200	CPEP 6 - Radiology	OUT
Transcatheter biopsy	CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
	* CPEP 13 - Cardiology	OUT
37201	CPEP 6 - Radiology	OUT
Transcatheter therapy infuse	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	OUT
37202	CPEP 6 - Radiology	OUT
Transcatheter therapy infuse	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	OUT
37203	CPEP 6 - Radiology	OUT
Transcatheter retrieval	* CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
37204	CPEP 6 - Radiology	OUT
Transcatheter occlusion	CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
	* CPEP 13 - Cardiology	OUT
37205	CPEP 6 - Radiology	OUT
Transcatheter stent	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
37206	CPEP 6 - Radiology	OUT
Transcatheter stent	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	OUT
37207	CPEP 6 - Radiology	OUT
Transcatheter stent	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	NOT PROFILED
37208	CPEP 6 - Radiology	OUT
Transcatheter stent	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	NOT PROFILED
37209	CPEP 6 - Radiology	OUT
Exchange arterial catheter	CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
	* CPEP 13 - Cardiology	OUT
37605	CPEP 8 - General Surgery	NOT PROFILED
Ligation of neck artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
37606	CPEP 8 - General Surgery	NOT PROFILED
Ligation of neck artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
37607	CPEP 8 - General Surgery	OUT
Ligation of fistula	* CPEP 12 - Cardiothoracic and Vascular	OUT
37609	CPEP 8 - General Surgery	IN OUT
Temporal artery procedure	* CPEP 12 - Cardiothoracic and Vascular	OUT
37615	CPEP 8 - General Surgery	NOT PROFILED
Ligation of neck artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
37616	CPEP 8 - General Surgery	NOT PROFILED
Ligation of chest artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
37617	CPEP 8 - General Surgery	NOT PROFILED
Ligation of abdomen artery	* CPEP 12 - Cardiothoracic and Vascular	OUT
37620	CPEP 6 - Radiology	OUT
Revision of major vein	CPEP 12 - Cardiothoracic and Vascular	OUT
	* CPEP 13 - Cardiology	NOT PROFILED
37660	CPEP 8 - General Surgery	NOT PROFILED
Revision of major vein	* CPEP 12 - Cardiothoracic and Vascular	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
38381	CPEP 8 - General Surgery	NOT PROFILED
Thoracic duct procedure	* CPEP 12 - Cardiothoracic and Vascular	OUT
38382	CPEP 8 - General Surgery	NOT PROFILED
Thoracic duct procedure	* CPEP 12 - Cardiothoracic and Vascular	OUT
39000	CPEP 8 - General Surgery	NOT PROFILED
Exploration of chest	* CPEP 12 - Cardiothoracic and Vascular	OUT
39010	CPEP 8 - General Surgery	NOT PROFILED
Exploration of chest	* CPEP 12 - Cardiothoracic and Vascular	OUT
39200	CPEP 8 - General Surgery	NOT PROFILED
Removal chest lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
39220	CPEP 8 - General Surgery	NOT PROFILED
Removal chest lesion	* CPEP 12 - Cardiothoracic and Vascular	OUT
39501	* CPEP 8 - General Surgery	OUT
Repair diaphragm laceration	CPEP 12 - Cardiothoracic and Vascular	OUT
39502	* <i>R</i> CPEP 8 - General Surgery	OUT
Repair paraesophageal hernia	<i>R</i> CPEP 12 - Cardiothoracic and Vascular	OUT
39503	* CPEP 8 - General Surgery	OUT
Repair of diaphragm hernia	CPEP 12 - Cardiothoracic and Vascular	OUT
39520	* CPEP 8 - General Surgery	OUT
Repair of diaphragm hernia	CPEP 12 - Cardiothoracic and Vascular	OUT
39530	* CPEP 8 - General Surgery	OUT
Repair of diaphragm hernia	CPEP 12 - Cardiothoracic and Vascular	OUT
39531	* CPEP 8 - General Surgery	OUT
Repair of diaphragm hernia	CPEP 12 - Cardiothoracic and Vascular	OUT
39540	* CPEP 8 - General Surgery	OUT
Repair of diaphragm hernia	CPEP 12 - Cardiothoracic and Vascular	OUT
39541	* CPEP 8 - General Surgery	OUT
Repair of diaphragm hernia	CPEP 12 - Cardiothoracic and Vascular	OUT
39545	* CPEP 8 - General Surgery	OUT
Revision of diaphragm	CPEP 12 - Cardiothoracic and Vascular	OUT

<i>HCPCS</i> Description	<i>CPEP</i> * indicates the primary assignment R indicates a reference service	<i>Sites Profiled</i>	
40490	CPEP 1 - Integumentary and Physical Medicine	IN	
Biopsy of lip	* CPEP 9 - Otolaryngology	IN	
42400	CPEP 6 - Radiology	IN	OUT
Biopsy of salivary gland	* CPEP 8 - General Surgery	IN	OUT
43045	* CPEP 8 - General Surgery		OUT
Incision of esophagus	CPEP 12 - Cardiothoracic and Vascular		OUT
43100	* CPEP 8 - General Surgery		OUT
Excision of esophagus lesion	CPEP 12 - Cardiothoracic and Vascular		OUT
43101	* CPEP 8 - General Surgery		OUT
Excision of esophagus lesion	CPEP 12 - Cardiothoracic and Vascular		OUT
43107	* CPEP 8 - General Surgery		OUT
Removal of esophagus	CPEP 12 - Cardiothoracic and Vascular		OUT
43108	* CPEP 8 - General Surgery		OUT
Removal of esophagus	CPEP 12 - Cardiothoracic and Vascular		OUT
43112	* CPEP 8 - General Surgery		OUT
Removal of esophagus	CPEP 12 - Cardiothoracic and Vascular		OUT
43113	* CPEP 8 - General Surgery		OUT
Removal of esophagus	CPEP 12 - Cardiothoracic and Vascular		OUT
43116	* CPEP 8 - General Surgery		OUT
Partial removal of esophagus	CPEP 12 - Cardiothoracic and Vascular		OUT
43117	* CPEP 8 - General Surgery		OUT
Partial removal of esophagus	CPEP 12 - Cardiothoracic and Vascular		OUT
43118	* CPEP 8 - General Surgery		OUT
Partial removal of esophagus	CPEP 12 - Cardiothoracic and Vascular		OUT
43121	* CPEP 8 - General Surgery		OUT
Partial removal of esophagus	CPEP 12 - Cardiothoracic and Vascular		OUT
43122	* CPEP 8 - General Surgery		OUT
Partial removal of esophagus	CPEP 12 - Cardiothoracic and Vascular		OUT
43123	* CPEP 8 - General Surgery		OUT
Partial removal of esophagus	CPEP 12 - Cardiothoracic and Vascular		OUT

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>
43124 Removal of esophagus	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	OUT OUT
43130 Removal of esophagus pouch	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	OUT OUT
43135 Removal of esophagus pouch	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	OUT OUT
43300 Repair of esophagus	* CPEP 8 - General Surgery CPEP 9 - Otolaryngology CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT NOT PROFILED
43305 Repair esophagus and fistula	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
43310 Repair of esophagus	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
43312 Repair esophagus and fistula	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED OUT
43320 Fuse esophagus & stomach	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	OUT OUT
43324 Revise esophagus & stomach	* <i>R</i> CPEP 8 - General Surgery <i>R</i> CPEP 12 - Cardiothoracic and Vascular	OUT OUT
43325 Revise esophagus & stomach	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	OUT OUT
43326 Revise esophagus & stomach	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	OUT OUT
43330 Repair of esophagus	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	OUT OUT
43331 Repair of esophagus	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	OUT OUT
43340 Fuse esophagus & intestine	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	OUT OUT
43341 Fuse esophagus & intestine	* CPEP 8 - General Surgery CPEP 12 - Cardiothoracic and Vascular	OUT OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
43350	* CPEP 8 - General Surgery	OUT
Surgical opening, esophagus	CPEP 12 - Cardiothoracic and Vascular	OUT
43351	* CPEP 8 - General Surgery	OUT
Surgical opening, esophagus	CPEP 12 - Cardiothoracic and Vascular	OUT
43352	* CPEP 8 - General Surgery	OUT
Surgical opening, esophagus	CPEP 12 - Cardiothoracic and Vascular	OUT
43360	* CPEP 8 - General Surgery	OUT
Gastrointestinal repair	CPEP 12 - Cardiothoracic and Vascular	OUT
43361	* CPEP 8 - General Surgery	OUT
Gastrointestinal repair	CPEP 12 - Cardiothoracic and Vascular	OUT
43400	* CPEP 8 - General Surgery	OUT
Ligate esophagus veins	CPEP 12 - Cardiothoracic and Vascular	OUT
43401	* CPEP 8 - General Surgery	OUT
Esophagus surgery for veins	CPEP 12 - Cardiothoracic and Vascular	OUT
43405	* CPEP 8 - General Surgery	OUT
Ligate/staple esophagus	CPEP 12 - Cardiothoracic and Vascular	OUT
43410	* CPEP 8 - General Surgery	OUT
Repair esophagus wound	CPEP 12 - Cardiothoracic and Vascular	OUT
43415	* CPEP 8 - General Surgery	OUT
Repair esophagus wound	CPEP 12 - Cardiothoracic and Vascular	OUT
43420	* CPEP 8 - General Surgery	OUT
Repair esophagus opening	CPEP 12 - Cardiothoracic and Vascular	OUT
43425	* CPEP 8 - General Surgery	OUT
Repair esophagus opening	CPEP 12 - Cardiothoracic and Vascular	OUT
43460	* CPEP 8 - General Surgery	OUT
Pressure treatment esophagus	CPEP 12 - Cardiothoracic and Vascular	OUT
43750	CPEP 8 - General Surgery	OUT
Place gastrostomy tube	* CPEP 11 - Gastroenterology	OUT
43760	* R CPEP 8 - General Surgery	IN OUT
Change gastrostomy tube	CPEP 11 - Gastroenterology	IN OUT

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>	
43761	CPEP 6 - Radiology		OUT
Reposition gastrostomy tube	* CPEP 11 - Gastroenterology		OUT
44385	CPEP 8 - General Surgery	IN	OUT
Endoscopy of bowel pouch	* CPEP 11 - Gastroenterology		OUT
44386	CPEP 8 - General Surgery	IN	OUT
Endoscopy,bowel pouch,biopsy	* CPEP 11 - Gastroenterology		OUT
44388	CPEP 8 - General Surgery	IN	OUT
Colon endoscopy	* CPEP 11 - Gastroenterology		OUT
44389	CPEP 8 - General Surgery	IN	OUT
Colonoscopy with biopsy	* CPEP 11 - Gastroenterology		OUT
44390	CPEP 8 - General Surgery	IN	OUT
Colonoscopy for foreign body	* CPEP 11 - Gastroenterology		OUT
44391	CPEP 8 - General Surgery	IN	OUT
Colonoscopy for bleeding	* CPEP 11 - Gastroenterology		OUT
44392	CPEP 8 - General Surgery	IN	OUT
Colonoscopy & polypectomy	* CPEP 11 - Gastroenterology		OUT
44393	CPEP 8 - General Surgery	IN	OUT
Colonoscopy, lesion removal	* CPEP 11 - Gastroenterology		OUT
44394	CPEP 8 - General Surgery	IN	OUT
Colonoscopy w/snare	* CPEP 11 - Gastroenterology		OUT
45355	CPEP 8 - General Surgery	IN	OUT
Surgical colonoscopy	* CPEP 11 - Gastroenterology		NOT PROFILED
45378	R CPEP 8 - General Surgery		OUT
Diagnostic colonoscopy	* R CPEP 11 - Gastroenterology		OUT
45379	CPEP 8 - General Surgery	IN	OUT
Colonoscopy	* CPEP 11 - Gastroenterology		OUT
45380	CPEP 8 - General Surgery	IN	OUT
Colonoscopy and biopsy	* CPEP 11 - Gastroenterology		OUT
45382	CPEP 8 - General Surgery	IN	OUT
Colonoscopy,control bleeding	* CPEP 11 - Gastroenterology		OUT

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>	
45383 Colonoscopy, lesion removal	CPEP 8 - General Surgery * CPEP 11 - Gastroenterology	IN	OUT OUT
45384 Colonoscopy	CPEP 8 - General Surgery * CPEP 11 - Gastroenterology	IN	OUT OUT
45385 Colonoscopy, lesion removal	CPEP 8 - General Surgery * CPEP 11 - Gastroenterology	IN	OUT OUT
46916 Cryosurgery, anal lesion(s)	CPEP 1 - Integumentary and Physical Medicine * CPEP 8 - General Surgery	IN IN	OUT OUT
47000 Needle biopsy of liver	R CPEP 6 - Radiology * R CPEP 8 - General Surgery	IN IN	OUT OUT
47001 Needle biopsy, liver	CPEP 6 - Radiology * CPEP 8 - General Surgery		OUT OUT
47510 Insert catheter, bile duct	CPEP 6 - Radiology * CPEP 11 - Gastroenterology		OUT OUT
47511 Insert bile duct drain	CPEP 6 - Radiology * CPEP 11 - Gastroenterology		OUT OUT
47550 Bile duct endoscopy	CPEP 8 - General Surgery * CPEP 11 - Gastroenterology		OUT OUT
47555 Biliary endoscopy, thru skin	CPEP 6 - Radiology * CPEP 11 - Gastroenterology		OUT OUT
47556 Biliary endoscopy, thru skin	CPEP 6 - Radiology * CPEP 11 - Gastroenterology		OUT OUT
48102 Needle biopsy, pancreas	CPEP 6 - Radiology * CPEP 8 - General Surgery	IN	OUT OUT
49080 Puncture, peritoneal cavity	* CPEP 8 - General Surgery CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN IN	OUT OUT
49081 Removal of abdominal fluid	* CPEP 8 - General Surgery CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN IN	OUT OUT
49180 Biopsy, abdominal mass	CPEP 6 - Radiology * CPEP 8 - General Surgery	IN	OUT OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
49400	* CPEP 8 - General Surgery	OUT
Air injection into abdomen	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
49427	* CPEP 8 - General Surgery	OUT
Injection, abdominal shunt	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
50392	* CPEP 2 - Male Genital and Urinary	OUT
Insert kidney drain	CPEP 6 - Radiology	OUT
51500	* CPEP 2 - Male Genital and Urinary	OUT
Removal of bladder cyst	CPEP 8 - General Surgery	OUT
51840	* CPEP 2 - Male Genital and Urinary	OUT
Attach bladder/urethra	CPEP 4 - OB/GYN	OUT
54056	CPEP 1 - Integumentary and Physical Medicine	IN
Cryosurgery, penis lesion(s)	* CPEP 2 - Male Genital and Urinary	IN
54505	* CPEP 2 - Male Genital and Urinary	OUT
Biopsy of testis	CPEP 8 - General Surgery	OUT
54510	* CPEP 2 - Male Genital and Urinary	OUT
Removal of testis lesion	CPEP 8 - General Surgery	OUT
54520	* R CPEP 2 - Male Genital and Urinary	OUT
Removal of testis	R CPEP 8 - General Surgery	OUT
54530	* CPEP 2 - Male Genital and Urinary	OUT
Removal of testis	CPEP 8 - General Surgery	OUT
54550	* CPEP 2 - Male Genital and Urinary	OUT
Exploration for testis	CPEP 8 - General Surgery	OUT
54600	* CPEP 2 - Male Genital and Urinary	OUT
Reduce testis torsion	CPEP 8 - General Surgery	OUT
54620	* CPEP 2 - Male Genital and Urinary	OUT
Suspension of testis	CPEP 8 - General Surgery	OUT
54640	* CPEP 2 - Male Genital and Urinary	OUT
Suspension of testis	CPEP 8 - General Surgery	OUT
54660	* CPEP 2 - Male Genital and Urinary	OUT
Revision of testis	CPEP 8 - General Surgery	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
54670	* CPEP 2 - Male Genital and Urinary	OUT
Repair testis injury	CPEP 8 - General Surgery	OUT
54680	* CPEP 2 - Male Genital and Urinary	OUT
Relocation of testis(es)	CPEP 8 - General Surgery	OUT
54700	* CPEP 2 - Male Genital and Urinary	IN OUT
Drainage of scrotum	CPEP 8 - General Surgery	IN OUT
54820	* CPEP 2 - Male Genital and Urinary	OUT
Exploration of epididymis	CPEP 8 - General Surgery	OUT
54830	* CPEP 2 - Male Genital and Urinary	OUT
Remove epididymis lesion	CPEP 8 - General Surgery	OUT
54840	* CPEP 2 - Male Genital and Urinary	OUT
Remove epididymis lesion	CPEP 8 - General Surgery	OUT
54860	* CPEP 2 - Male Genital and Urinary	OUT
Removal of epididymis	CPEP 8 - General Surgery	OUT
54861	* CPEP 2 - Male Genital and Urinary	OUT
Removal of epididymis	CPEP 8 - General Surgery	OUT
54900	* CPEP 2 - Male Genital and Urinary	OUT
Fusion of spermatic ducts	CPEP 8 - General Surgery	OUT
54901	* CPEP 2 - Male Genital and Urinary	OUT
Fusion of spermatic ducts	CPEP 8 - General Surgery	OUT
55040	* CPEP 2 - Male Genital and Urinary	OUT
Removal of hydrocele	CPEP 8 - General Surgery	OUT
55041	* CPEP 2 - Male Genital and Urinary	OUT
Removal of hydroceles	CPEP 8 - General Surgery	OUT
55060	* CPEP 2 - Male Genital and Urinary	OUT
Repair of hydrocele	CPEP 8 - General Surgery	OUT
55100	* CPEP 2 - Male Genital and Urinary	IN OUT
Drainage of scrotum abscess	CPEP 8 - General Surgery	IN OUT
55110	* CPEP 2 - Male Genital and Urinary	OUT
Explore scrotum	CPEP 8 - General Surgery	OUT

HCPCS

CPEP

Sites Profiled

Description

** indicates the primary assignment
R indicates a reference service*

55120 Removal of scrotum lesion	* CPEP 2 - Male Genital and Urinary CPEP 8 - General Surgery	OUT IN	OUT OUT
55150 Removal of scrotum	* CPEP 2 - Male Genital and Urinary CPEP 8 - General Surgery		OUT OUT
55175 Revision of scrotum	* CPEP 2 - Male Genital and Urinary CPEP 8 - General Surgery		OUT OUT
55180 Revision of scrotum	* CPEP 2 - Male Genital and Urinary CPEP 8 - General Surgery		OUT OUT
55200 Incision of sperm duct	* CPEP 2 - Male Genital and Urinary CPEP 8 - General Surgery		OUT IN
55250 Removal of sperm duct(s)	* CPEP 2 - Male Genital and Urinary CPEP 8 - General Surgery	IN IN	OUT OUT
55300 Preparation, sperm duct x-ray	* CPEP 2 - Male Genital and Urinary CPEP 8 - General Surgery		OUT OUT
55400 Repair of sperm duct	* CPEP 2 - Male Genital and Urinary CPEP 8 - General Surgery		OUT OUT
55450 Ligation of sperm duct	* CPEP 2 - Male Genital and Urinary CPEP 8 - General Surgery	IN IN	OUT OUT
55500 Removal of hydrocele	* CPEP 2 - Male Genital and Urinary CPEP 8 - General Surgery		OUT OUT
55520 Removal of sperm cord lesion	* CPEP 2 - Male Genital and Urinary CPEP 8 - General Surgery		OUT OUT
55530 Revise spermatic cord veins	* CPEP 2 - Male Genital and Urinary CPEP 8 - General Surgery		OUT OUT
55535 Revise spermatic cord veins	* CPEP 2 - Male Genital and Urinary CPEP 8 - General Surgery		OUT OUT
55540 Revise hernia & sperm veins	* CPEP 2 - Male Genital and Urinary CPEP 8 - General Surgery		OUT OUT
55600 Incise sperm duct pouch	* CPEP 2 - Male Genital and Urinary CPEP 8 - General Surgery		OUT OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
55605	* CPEP 2 - Male Genital and Urinary	OUT
Incise sperm duct pouch	CPEP 8 - General Surgery	OUT
55650	* CPEP 2 - Male Genital and Urinary	OUT
Remove sperm duct pouch	CPEP 8 - General Surgery	OUT
55680	* CPEP 2 - Male Genital and Urinary	OUT
Remove sperm pouch lesion	CPEP 8 - General Surgery	OUT
56300	* <i>R</i> CPEP 4 - OB/GYN	OUT
Pelvis laparoscopy, dx	<i>R</i> CPEP 8 - General Surgery	OUT
56301	* CPEP 4 - OB/GYN	OUT
Laparoscopy; tubal cauterly	CPEP 8 - General Surgery	OUT
56302	* CPEP 4 - OB/GYN	OUT
Laparoscopy; tubal block	CPEP 8 - General Surgery	OUT
56304	* CPEP 4 - OB/GYN	OUT
Laparoscopy; lysis	CPEP 8 - General Surgery	OUT
56305	* CPEP 4 - OB/GYN	OUT
Pelvic laparoscopy; biopsy	CPEP 8 - General Surgery	OUT
56306	* CPEP 4 - OB/GYN	OUT
Laparoscopy; aspiration	CPEP 8 - General Surgery	OUT
56360	* CPEP 4 - OB/GYN	OUT
Peritoneoscopy	CPEP 8 - General Surgery	OUT
56361	* CPEP 4 - OB/GYN	OUT
Peritoneoscopy w/biopsy	CPEP 8 - General Surgery	OUT
57230	CPEP 2 - Male Genital and Urinary	OUT
Repair of urethral lesion	* CPEP 4 - OB/GYN	OUT
57240	<i>R</i> CPEP 2 - Male Genital and Urinary	OUT
Repair bladder & vagina	* <i>R</i> CPEP 4 - OB/GYN	OUT
57265	CPEP 2 - Male Genital and Urinary	OUT
Extensive repair of vagina	* CPEP 4 - OB/GYN	OUT
57288	CPEP 2 - Male Genital and Urinary	OUT
Repair bladder defect	* CPEP 4 - OB/GYN	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
57289	CPEP 2 - Male Genital and Urinary	OUT
Repair bladder & vagina	* CPEP 4 - OB/GYN	OUT
57300	* CPEP 4 - OB/GYN	OUT
Repair rectum-vagina fistula	CPEP 8 - General Surgery	OUT
57310	CPEP 2 - Male Genital and Urinary	OUT
Repair urethrovaginal lesion	* CPEP 4 - OB/GYN	OUT
57311	CPEP 2 - Male Genital and Urinary	OUT
Repair urethrovaginal lesion	* CPEP 4 - OB/GYN	OUT
57320	CPEP 2 - Male Genital and Urinary	OUT
Repair bladder-vagina lesion	* CPEP 4 - OB/GYN	OUT
57330	CPEP 2 - Male Genital and Urinary	OUT
Repair bladder-vagina lesion	* CPEP 4 - OB/GYN	OUT
57555	CPEP 2 - Male Genital and Urinary	OUT
Remove cervix, repair vagina	* CPEP 4 - OB/GYN	OUT
58800	CPEP 2 - Male Genital and Urinary	OUT
Drainage of ovarian cyst(s)	* CPEP 4 - OB/GYN	IN OUT
58972	CPEP 4 - OB/GYN	IN
Fertilization of oocyte	* CPEP 14 - Anesthesiology/Pathology	IN OUT
59150	* CPEP 4 - OB/GYN	OUT
Treat ectopic pregnancy	CPEP 8 - General Surgery	OUT
60001	CPEP 6 - Radiology	IN OUT
Aspirate/inject thyroid cyst	* CPEP 8 - General Surgery	IN
60100	CPEP 6 - Radiology	IN OUT
Biopsy of thyroid	* CPEP 8 - General Surgery	IN OUT
60200	* CPEP 8 - General Surgery	OUT
Remove thyroid lesion	CPEP 9 - Otolaryngology	OUT
60210	* CPEP 8 - General Surgery	OUT
Partial excision thyroid	CPEP 9 - Otolaryngology	OUT
60212	* CPEP 8 - General Surgery	OUT
Partial thyroid excision	CPEP 9 - Otolaryngology	OUT

Description

* indicates the primary assignment
R indicates a reference service

60220	* CPEP 8 - General Surgery	OUT
Partial removal of thyroid	CPEP 9 - Otolaryngology	OUT
60225	* CPEP 8 - General Surgery	OUT
Partial removal of thyroid	CPEP 9 - Otolaryngology	OUT
60240	* R CPEP 8 - General Surgery	OUT
Removal of thyroid	R CPEP 9 - Otolaryngology	OUT
60252	* CPEP 8 - General Surgery	OUT
Removal of thyroid	CPEP 9 - Otolaryngology	OUT
60254	* CPEP 8 - General Surgery	OUT
Extensive thyroid surgery	CPEP 9 - Otolaryngology	OUT
60260	* CPEP 8 - General Surgery	OUT
Repeat thyroid surgery	CPEP 9 - Otolaryngology	OUT
60270	* CPEP 8 - General Surgery	OUT
Removal of thyroid	CPEP 9 - Otolaryngology	OUT
60271	* CPEP 8 - General Surgery	OUT
Removal of thyroid	CPEP 9 - Otolaryngology	OUT
60280	* CPEP 8 - General Surgery	OUT
Remove thyroid duct lesion	CPEP 9 - Otolaryngology	OUT
60281	* CPEP 8 - General Surgery	OUT
Remove thyroid duct lesion	CPEP 9 - Otolaryngology	OUT
60500	* CPEP 8 - General Surgery	OUT
Explore parathyroid glands	CPEP 9 - Otolaryngology	OUT
60502	* CPEP 8 - General Surgery	OUT
Re-explore parathyroids	CPEP 9 - Otolaryngology	OUT
60505	* CPEP 8 - General Surgery	OUT
Explore parathyroid glands	CPEP 9 - Otolaryngology	OUT
60512	* CPEP 8 - General Surgery	OUT
Autotransplant, parathyroid	CPEP 9 - Otolaryngology	OUT
60520	* CPEP 8 - General Surgery	OUT
Removal of thymus gland	CPEP 9 - Otolaryngology	NOT PROFILED

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>
60521 Removal thymus gland	* CPEP 8 - General Surgery CPEP 9 - Otolaryngology	OUT NOT PROFILED
60522 Removal of thymus gland	* CPEP 8 - General Surgery CPEP 9 - Otolaryngology	OUT NOT PROFILED
60540 Explore adrenal gland	* CPEP 8 - General Surgery CPEP 9 - Otolaryngology	OUT NOT PROFILED
60545 Explore adrenal gland	* CPEP 8 - General Surgery CPEP 9 - Otolaryngology	OUT NOT PROFILED
60600 Remove carotid body lesion	* CPEP 8 - General Surgery CPEP 9 - Otolaryngology	OUT OUT
61070 Brain canal shunt procedure	* CPEP 6 - Radiology CPEP 15 - Neurosurgery	IN OUT IN OUT
61330 Decompress eye socket	* CPEP 5 - Ophthalmology CPEP 15 - Neurosurgery	OUT OUT
61332 Explore/biopsy eye socket	* CPEP 5 - Ophthalmology CPEP 15 - Neurosurgery	OUT OUT
61624 Occlusion/embolization cath	CPEP 6 - Radiology CPEP 12 - Cardiothoracic and Vascular * CPEP 13 - Cardiology	OUT NOT PROFILED NOT PROFILED
61626 Occlusion/embolization cath	CPEP 6 - Radiology CPEP 12 - Cardiothoracic and Vascular * CPEP 13 - Cardiology	OUT NOT PROFILED NOT PROFILED
62284 Injection for myelogram	* R CPEP 6 - Radiology R CPEP 15 - Neurosurgery	IN OUT OUT
62290 Inject for spine disk x-ray	* CPEP 6 - Radiology CPEP 15 - Neurosurgery	IN OUT OUT
62291 Inject for spine disk x-ray	* CPEP 6 - Radiology CPEP 15 - Neurosurgery	IN OUT OUT
63001 Removal of spinal lamina	CPEP 3 - Orthopaedics * CPEP 15 - Neurosurgery	OUT OUT

Description ** indicates the primary assignment*
R indicates a reference service

63003	CPEP 3 - Orthopaedics	OUT
Removal of spinal lamina	* CPEP 15 - Neurosurgery	OUT
63005	CPEP 3 - Orthopaedics	OUT
Removal of spinal lamina	* CPEP 15 - Neurosurgery	OUT
63011	CPEP 3 - Orthopaedics	OUT
Removal of spinal lamina	* CPEP 15 - Neurosurgery	OUT
63015	CPEP 3 - Orthopaedics	OUT
Removal of spinal lamina	* CPEP 15 - Neurosurgery	OUT
63016	CPEP 3 - Orthopaedics	OUT
Removal of spinal lamina	* CPEP 15 - Neurosurgery	OUT
63017	CPEP 3 - Orthopaedics	OUT
Removal of spinal lamina	* CPEP 15 - Neurosurgery	OUT
63020	CPEP 3 - Orthopaedics	OUT
Neck spine disk surgery	* CPEP 15 - Neurosurgery	OUT
63030	R CPEP 3 - Orthopaedics	OUT
Low back disk surgery	* R CPEP 15 - Neurosurgery	OUT
63035	CPEP 3 - Orthopaedics	OUT
Added spinal disk surgery	* CPEP 15 - Neurosurgery	OUT
63040	CPEP 3 - Orthopaedics	OUT
Neck spine disk surgery	* CPEP 15 - Neurosurgery	OUT
63042	CPEP 3 - Orthopaedics	OUT
Low back disk surgery	* CPEP 15 - Neurosurgery	OUT
63045	CPEP 3 - Orthopaedics	OUT
Removal of spinal lamina	* CPEP 15 - Neurosurgery	OUT
63046	CPEP 3 - Orthopaedics	OUT
Removal of spinal lamina	* CPEP 15 - Neurosurgery	OUT
63047	CPEP 3 - Orthopaedics	OUT
Removal of spinal lamina	* CPEP 15 - Neurosurgery	OUT
63048	CPEP 3 - Orthopaedics	OUT
Removal of spinal lamina	* CPEP 15 - Neurosurgery	OUT

Description ** indicates the primary assignment*
R indicates a reference service

63055	CPEP 3 - Orthopaedics	OUT
Decompress spinal cord	* CPEP 15 - Neurosurgery	OUT
63056	CPEP 3 - Orthopaedics	OUT
Decompress spinal cord	* CPEP 15 - Neurosurgery	OUT
63057	CPEP 3 - Orthopaedics	OUT
Decompress spinal cord	* CPEP 15 - Neurosurgery	OUT
63064	CPEP 3 - Orthopaedics	OUT
Decompress spinal cord	* CPEP 15 - Neurosurgery	OUT
63066	CPEP 3 - Orthopaedics	OUT
Decompress spinal cord	* CPEP 15 - Neurosurgery	OUT
63075	CPEP 3 - Orthopaedics	OUT
Neck spine disk surgery	* CPEP 15 - Neurosurgery	OUT
63076	CPEP 3 - Orthopaedics	OUT
Neck spine disk surgery	* CPEP 15 - Neurosurgery	OUT
63077	CPEP 3 - Orthopaedics	OUT
Spine disk surgery, thorax	* CPEP 15 - Neurosurgery	OUT
63078	CPEP 3 - Orthopaedics	OUT
Spine disk surgery, thorax	* CPEP 15 - Neurosurgery	OUT
63081	CPEP 3 - Orthopaedics	OUT
Removal of vertebral body	* CPEP 15 - Neurosurgery	OUT
63082	CPEP 3 - Orthopaedics	OUT
Removal of vertebral body	* CPEP 15 - Neurosurgery	OUT
63085	CPEP 3 - Orthopaedics	OUT
Removal of vertebral body	* CPEP 15 - Neurosurgery	OUT
63086	CPEP 3 - Orthopaedics	OUT
Removal of vertebral body	* CPEP 15 - Neurosurgery	OUT
63087	CPEP 3 - Orthopaedics	OUT
Removal of vertebral body	* CPEP 15 - Neurosurgery	OUT
63088	CPEP 3 - Orthopaedics	OUT
Removal of vertebral body	* CPEP 15 - Neurosurgery	OUT

Description

* indicates the primary assignment
R indicates a reference service

63090	CPEP 3 - Orthopaedics	OUT
Removal of vertebral body	* CPEP 15 - Neurosurgery	OUT
63091	CPEP 3 - Orthopaedics	OUT
Removal of vertebral body	* CPEP 15 - Neurosurgery	OUT
63170	CPEP 3 - Orthopaedics	OUT
Incise spinal cord tract(s)	* CPEP 15 - Neurosurgery	OUT
63172	CPEP 3 - Orthopaedics	OUT
Drainage of spinal cyst	* CPEP 15 - Neurosurgery	OUT
63173	CPEP 3 - Orthopaedics	OUT
Drainage of spinal cyst	* CPEP 15 - Neurosurgery	OUT
63180	CPEP 3 - Orthopaedics	OUT
Revise spinal cord ligaments	* CPEP 15 - Neurosurgery	OUT
63182	CPEP 3 - Orthopaedics	OUT
Revise spinal cord ligaments	* CPEP 15 - Neurosurgery	OUT
63185	CPEP 3 - Orthopaedics	OUT
Incise spinal column/nerves	* CPEP 15 - Neurosurgery	OUT
63190	CPEP 3 - Orthopaedics	OUT
Incise spinal column/nerves	* CPEP 15 - Neurosurgery	OUT
63191	CPEP 3 - Orthopaedics	OUT
Incise spinal column/nerves	* CPEP 15 - Neurosurgery	OUT
63194	CPEP 3 - Orthopaedics	OUT
Incise spinal column & cord	* CPEP 15 - Neurosurgery	OUT
63195	CPEP 3 - Orthopaedics	OUT
Incise spinal column & cord	* CPEP 15 - Neurosurgery	OUT
63196	CPEP 3 - Orthopaedics	OUT
Incise spinal column & cord	* CPEP 15 - Neurosurgery	OUT
63197	CPEP 3 - Orthopaedics	OUT
Incise spinal column & cord	* CPEP 15 - Neurosurgery	OUT
63198	CPEP 3 - Orthopaedics	OUT
Incise spinal column & cord	* CPEP 15 - Neurosurgery	OUT

<i>HCPCS</i> Description	<i>CPEP</i> * indicates the primary assignment <i>R</i> indicates a reference service	<i>Sites Profiled</i>	
63199 Incise spinal column & cord	CPEP 3 - Orthopaedics * CPEP 15 - Neurosurgery	OUT	OUT
63200 Release of spinal cord	CPEP 3 - Orthopaedics * CPEP 15 - Neurosurgery	OUT	OUT
63780 Insert spinal canal catheter	CPEP 14 - Anesthesiology/Pathology * CPEP 15 - Neurosurgery	OUT	OUT
64402 Injection for nerve block	CPEP 5 - Ophthalmology * CPEP 14 - Anesthesiology/Pathology	IN	OUT
64612 Destroy nerve, face muscle	CPEP 5 - Ophthalmology * CPEP 15 - Neurosurgery	IN	OUT
64613 Destroy nerve, spine muscle	CPEP 10 - Miscellaneous Internal Medicine and Other Services * CPEP 15 - Neurosurgery	IN	OUT
64721 Carpal tunnel surgery	CPEP 3 - Orthopaedics * <i>R</i> CPEP 15 - Neurosurgery	OUT	OUT
65091 Revise eye	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT	NOT PROFILED
65093 Revise eye with implant	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT	NOT PROFILED
65101 Removal of eye	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT	NOT PROFILED
65103 Remove eye/insert implant	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT	NOT PROFILED
65105 Remove eye/attach implant	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT	NOT PROFILED
65110 Removal of eye	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT	NOT PROFILED
65112 Remove eye, revise socket	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT	NOT PROFILED
65114 Remove eye, revise socket	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT	NOT PROFILED

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
65125 Revise ocular implant	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	IN NOT PROFILED
65130 Insert ocular implant	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
65135 Insert ocular implant	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
65140 Attach ocular implant	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
65150 Revise ocular implant	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
65155 Reinsert ocular implant	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
65175 Removal of ocular implant	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
67250 Reinforce eye wall	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
67255 Reinforce/graft eye wall	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
67400 Explore/biopsy eye socket	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
67405 Explore/drain eye socket	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
67412 Explore/treat eye socket	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
67413 Explore/treat eye socket	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
67414 Explore/decompress eye socke	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
67415 Aspiration orbital contents	CPEP 5 - Ophthalmology CPEP 6 - Radiology * CPEP 8 - General Surgery	OUT NOT PROFILED NOT PROFILED

HCPCS	CPEP	Sites Profiled
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
67445 Explore/decompress eye socke	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
67500 Inject/treat eye socket	* CPEP 5 - Ophthalmology CPEP 14 - Anesthesiology/Pathology	IN OUT IN OUT
67550 Insert eye socket implant	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
67560 Revise eye socket implant	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
67570 Decompress optic nerve	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
67835 Revise eyelashes	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
67900 Repair brow defect	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	IN OUT OUT
67901 Repair eyelid defect	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT OUT
67902 Repair eyelid defect	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT OUT
67903 Repair eyelid defect	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	IN OUT OUT
67904 Repair eyelid defect	* R CPEP 5 - Ophthalmology R CPEP 9 - Otolaryngology	IN OUT OUT
67906 Repair eyelid defect	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	IN OUT OUT
67908 Repair eyelid defect	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	IN OUT OUT
67909 Revise eyelid defect	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	IN OUT OUT
67911 Revise eyelid defect	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>	
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>		
67917 Repair eyelid defect	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	IN	OUT OUT
67924 Repair eyelid defect	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	IN	OUT OUT
67950 Revision of eyelid	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology		OUT OUT
67961 Revision of eyelid	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	IN	OUT OUT
67966 Revision of eyelid	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology		OUT OUT
67971 Reconstruction of eyelid	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology		OUT OUT
67973 Reconstruction of eyelid	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology		OUT OUT
67974 Reconstruction of eyelid	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology		OUT OUT
67975 Reconstruction of eyelid	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology		OUT OUT
68320 Revise/graft eyelid lining	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	IN	OUT OUT
68325 Revise/graft eyelid lining	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology		OUT OUT
68326 Revise/graft eyelid lining	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology		OUT OUT
68328 Revise/graft eyelid lining	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology		OUT OUT
68335 Revise/graft eyelid lining	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology		OUT NOT PROFILED
68500 Removal of tear gland	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology		OUT NOT PROFILED

HCPCS	CPEP	Sites Profiled
Description	<i>* indicates the primary assignment R indicates a reference service</i>	
68505 Partial removal tear gland	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
68520 Removal of tear sac	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
68540 Remove tear gland lesion	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
68550 Remove tear gland lesion	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
68700 Repair tear ducts	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
68720 Create tear sac drain	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
68745 Create tear duct drain	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
68750 Create tear duct drain	* CPEP 5 - Ophthalmology CPEP 9 - Otolaryngology	OUT NOT PROFILED
70010 Contrast x-ray of brain	* CPEP 6 - Radiology CPEP 15 - Neurosurgery	IN OUT NOT PROFILED
70015 Contrast x-ray of brain	* CPEP 6 - Radiology CPEP 15 - Neurosurgery	IN OUT NOT PROFILED
71036 X-ray guidance for biopsy	CPEP 6 - Radiology * CPEP 8 - General Surgery	OUT NOT PROFILED
71090 X-ray & pacemaker insertion	CPEP 6 - Radiology CPEP 12 - Cardiothoracic and Vascular * CPEP 13 - Cardiology	OUT NOT PROFILED OUT
72240 Contrast x-ray of neck spine	* CPEP 6 - Radiology CPEP 15 - Neurosurgery	IN OUT NOT PROFILED
72255 Contrast x-ray thorax spine	* CPEP 6 - Radiology CPEP 15 - Neurosurgery	IN OUT NOT PROFILED
72265 Contrast x-ray lower spine	* R CPEP 6 - Radiology R CPEP 15 - Neurosurgery	IN OUT NOT PROFILED

<i>HCP</i> <i>CS</i> <i>Description</i>	<i>CPEP</i> <i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	<i>Sites Profiled</i>
72270 Contrast x-ray of spine	* CPEP 6 - Radiology CPEP 15 - Neurosurgery	IN OUT NOT PROFILED
72285 X-ray of neck spine disk	* CPEP 6 - Radiology CPEP 15 - Neurosurgery	IN OUT NOT PROFILED
72295 X-ray of lower spine disk	* CPEP 6 - Radiology CPEP 15 - Neurosurgery	IN OUT NOT PROFILED
73100 X-ray exam of wrist	CPEP 3 - Orthopaedics * CPEP 6 - Radiology	NOT PROFILED IN OUT
73560 X-ray exam of knee	CPEP 3 - Orthopaedics * CPEP 6 - Radiology	NOT PROFILED IN OUT
73600 X-ray exam of ankle	CPEP 3 - Orthopaedics * CPEP 6 - Radiology	NOT PROFILED IN OUT
74235 Remove esophagus obstruction	CPEP 6 - Radiology * CPEP 11 - Gastroenterology	OUT NOT PROFILED
74327 X-ray for bile stone removal	CPEP 6 - Radiology * CPEP 11 - Gastroenterology	OUT NOT PROFILED
74328 Xray for bile duct endoscopy	CPEP 6 - Radiology * CPEP 11 - Gastroenterology	OUT NOT PROFILED
74329 X-ray for pancreas endoscopy	CPEP 6 - Radiology * CPEP 11 - Gastroenterology	OUT NOT PROFILED
74330 Xray,bile/pancreas endoscopy	CPEP 6 - Radiology * CPEP 11 - Gastroenterology	OUT NOT PROFILED
74340 X-ray guide for GI tube	CPEP 6 - Radiology * CPEP 11 - Gastroenterology	OUT NOT PROFILED
74350 X-ray guide, stomach tube	CPEP 6 - Radiology * CPEP 11 - Gastroenterology	OUT NOT PROFILED
74355 X-ray guide, intestinal tube	CPEP 6 - Radiology * CPEP 8 - General Surgery	OUT NOT PROFILED
74360 X-ray guide, GI dilation	CPEP 6 - Radiology * CPEP 11 - Gastroenterology	OUT NOT PROFILED

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>
74363 X-ray, bile duct dilation	CPEP 6 - Radiology * CPEP 11 - Gastroenterology	OUT NOT PROFILED
74470 X-ray exam of kidney lesion	* CPEP 2 - Male Genital and Urinary CPEP 6 - Radiology	NOT PROFILED IN OUT
74475 Xray control catheter insert	* CPEP 2 - Male Genital and Urinary CPEP 6 - Radiology	IN OUT OUT
75756 Artery x-rays, chest	* CPEP 6 - Radiology CPEP 13 - Cardiology	OUT OUT
75809 Nonvascular shunt, x-ray	* CPEP 8 - General Surgery CPEP 10 - Miscellaneous Internal Medicine and Other Services	NOT PROFILED OUT
75894 Xrays, transcatheter therapy	CPEP 6 - Radiology CPEP 12 - Cardiothoracic and Vascular * CPEP 13 - Cardiology	OUT NOT PROFILED OUT
75896 Xrays, transcatheter therapy	CPEP 6 - Radiology CPEP 12 - Cardiothoracic and Vascular * CPEP 13 - Cardiology	OUT NOT PROFILED OUT
75900 Arterial catheter exchange	CPEP 6 - Radiology CPEP 12 - Cardiothoracic and Vascular * CPEP 13 - Cardiology	OUT NOT PROFILED OUT
75940 X-ray placement, vein filter	CPEP 6 - Radiology CPEP 12 - Cardiothoracic and Vascular * CPEP 13 - Cardiology	OUT NOT PROFILED OUT
75960 Transcatheter intro, stent	CPEP 6 - Radiology CPEP 12 - Cardiothoracic and Vascular * CPEP 13 - Cardiology	OUT NOT PROFILED OUT
75961 Retrieval, broken catheter	CPEP 6 - Radiology * CPEP 12 - Cardiothoracic and Vascular	OUT NOT PROFILED
75962 Repair arterial blockage	CPEP 6 - Radiology CPEP 12 - Cardiothoracic and Vascular * CPEP 13 - Cardiology	OUT NOT PROFILED OUT
75964 Repair artery blockage, each	CPEP 6 - Radiology CPEP 12 - Cardiothoracic and Vascular * CPEP 13 - Cardiology	OUT NOT PROFILED OUT

HCPCS	CPEP	Sites Profiled
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
75966	CPEP 6 - Radiology	OUT
Repair arterial blockage	CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
	* CPEP 13 - Cardiology	OUT
75968	CPEP 6 - Radiology	OUT
Repair artery blockage, each	CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
	* CPEP 13 - Cardiology	OUT
75970	CPEP 6 - Radiology	OUT
Vascular biopsy	CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
	* CPEP 13 - Cardiology	OUT
75978	CPEP 6 - Radiology	OUT
Repair venous blockage	CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
	* CPEP 13 - Cardiology	OUT
75980	CPEP 6 - Radiology	OUT
Contrast xray exam bile duct	* CPEP 11 - Gastroenterology	NOT PROFILED
75982	CPEP 6 - Radiology	OUT
Contrast xray exam bile duct	* CPEP 11 - Gastroenterology	NOT PROFILED
75984	CPEP 6 - Radiology	IN OUT
Xray control catheter change	* CPEP 8 - General Surgery	NOT PROFILED
75992	CPEP 6 - Radiology	OUT
Atherectomy, x-ray exam	CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
	* CPEP 13 - Cardiology	OUT
75993	CPEP 6 - Radiology	OUT
Atherectomy, x-ray exam	CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
	* CPEP 13 - Cardiology	OUT
75994	CPEP 6 - Radiology	OUT
Atherectomy, x-ray exam	CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
	* CPEP 13 - Cardiology	OUT
75995	CPEP 6 - Radiology	OUT
Atherectomy, x-ray exam	CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
	* CPEP 13 - Cardiology	OUT
75996	CPEP 6 - Radiology	OUT
Atherectomy, x-ray exam	CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
	* CPEP 13 - Cardiology	OUT

HCPCS	CPEP	Sites Profiled
Description	<i>* indicates the primary assignment R indicates a reference service</i>	
76095	CPEP 6 - Radiology	OUT
Stereotactic breast biopsy	* CPEP 8 - General Surgery	NOT PROFILED
76096	CPEP 6 - Radiology	IN OUT
X-ray of needle wire, breast	* CPEP 8 - General Surgery	NOT PROFILED
76805	R CPEP 4 - OB/GYN	IN OUT
Echo exam of pregnant uterus	* R CPEP 6 - Radiology	IN OUT
76810	CPEP 4 - OB/GYN	IN OUT
Echo exam of pregnant uterus	* CPEP 6 - Radiology	IN OUT
76815	CPEP 4 - OB/GYN	IN OUT
Echo exam of pregnant uterus	* CPEP 6 - Radiology	IN OUT
76816	CPEP 4 - OB/GYN	IN OUT
Echo exam followup or repeat	* CPEP 6 - Radiology	IN OUT
76818	CPEP 4 - OB/GYN	IN OUT
Fetal biophysical profile	* CPEP 6 - Radiology	IN OUT
76825	CPEP 4 - OB/GYN	IN OUT
Echo exam of fetal heart	* CPEP 13 - Cardiology	NOT PROFILED
76930	* CPEP 8 - General Surgery	NOT PROFILED
Echo guide for heart sac tap	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
76934	* CPEP 8 - General Surgery	NOT PROFILED
Echo guide for chest tap	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
76942	CPEP 2 - Male Genital and Urinary	IN OUT
Echo guide for biopsy	* CPEP 6 - Radiology	IN OUT
76975	CPEP 6 - Radiology	IN OUT
GI endoscopic ultrasound	* CPEP 11 - Gastroenterology	NOT PROFILED
78414	* CPEP 6 - Radiology	IN OUT
Non-imaging heart function	CPEP 13 - Cardiology	IN OUT
78428	* CPEP 6 - Radiology	IN OUT
Cardiac shunt imaging	CPEP 13 - Cardiology	IN OUT
78460	* CPEP 6 - Radiology	IN OUT
Heart muscle blood single	CPEP 13 - Cardiology	IN OUT

<i>Description</i>	<i>* indicates the primary assignment R indicates a reference service</i>		
78461	*	CPEP 6 - Radiology	IN OUT
Heart muscle blood multiple		CPEP 13 - Cardiology	IN OUT
78464	*	CPEP 6 - Radiology	IN OUT
Heart image (3D) single		CPEP 13 - Cardiology	IN OUT
78465	* R	CPEP 6 - Radiology	IN OUT
Heart image (3D) multiple	R	CPEP 13 - Cardiology	IN OUT
78466	*	CPEP 6 - Radiology	IN OUT
Heart infarct image		CPEP 13 - Cardiology	IN OUT
78468	*	CPEP 6 - Radiology	IN OUT
Heart infarct image, EF		CPEP 13 - Cardiology	IN OUT
78469	*	CPEP 6 - Radiology	IN OUT
Heart infarct image (3D)		CPEP 13 - Cardiology	IN OUT
78472	*	CPEP 6 - Radiology	IN OUT
Gated heart, resting		CPEP 13 - Cardiology	IN OUT
78473	*	CPEP 6 - Radiology	IN OUT
Gated heart, multiple		CPEP 13 - Cardiology	IN OUT
78478	*	CPEP 6 - Radiology	IN OUT
Heart wall motion (add-on)		CPEP 13 - Cardiology	IN OUT
78480	*	CPEP 6 - Radiology	IN OUT
Heart function, (add-on)		CPEP 13 - Cardiology	IN OUT
78481	*	CPEP 6 - Radiology	IN OUT
Heart first pass single		CPEP 13 - Cardiology	IN OUT
78483	*	CPEP 6 - Radiology	IN OUT
Heart first pass multiple		CPEP 13 - Cardiology	IN OUT
86485		CPEP 7 - Evaluation and Management	IN
Skin test, candida	*	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN
86490		CPEP 7 - Evaluation and Management	IN
Coccidioidomycosis skin test	*	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN

<i>Description</i>	<i>* indicates the primary assignment R indicates a reference service</i>		
86510		CPEP 7 - Evaluation and Management	IN
Histoplasmosis skin test	*	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT
86580		<i>R</i> CPEP 7 - Evaluation and Management	IN
TB intradermal test	* <i>R</i>	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN
86585		CPEP 7 - Evaluation and Management	IN
TB tine test	*	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN
88314		CPEP 1 - Integumentary and Physical Medicine	NOT PROFILED
Histochemical stain	*	CPEP 14 - Anesthesiology/Pathology	IN OUT
89350		CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT
Sputum specimen collection	*	CPEP 14 - Anesthesiology/Pathology	IN OUT
92280		CPEP 5 - Ophthalmology	IN
Special eye evaluation	*	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT
93000		<i>R</i> CPEP 7 - Evaluation and Management	IN
Electrocardiogram, complete	* <i>R</i>	CPEP 13 - Cardiology	IN
93005		CPEP 7 - Evaluation and Management	IN OUT
Electrocardiogram, tracing	*	CPEP 13 - Cardiology	IN
93010		CPEP 7 - Evaluation and Management	OUT
Electrocardiogram report	*	CPEP 13 - Cardiology	OUT
93012		CPEP 7 - Evaluation and Management	IN OUT
Transmission of ecg	*	CPEP 13 - Cardiology	IN
93014		CPEP 7 - Evaluation and Management	OUT
Report on transmitted ecg	*	CPEP 13 - Cardiology	IN OUT
93015		<i>R</i> CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT
Cardiovascular stress test	* <i>R</i>	CPEP 13 - Cardiology	IN
93016		CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT
Cardiovascular stress test	*	CPEP 13 - Cardiology	OUT

HCPCS	CPEP	Sites Profiled
Description	<i>* indicates the primary assignment R indicates a reference service</i>	
93017	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT
Cardiovascular stress test	* CPEP 13 - Cardiology	IN OUT
93018	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT
Cardiovascular stress test	* CPEP 13 - Cardiology	OUT
93024	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT
Cardiac drug stress test	* CPEP 13 - Cardiology	IN OUT
93040	CPEP 7 - Evaluation and Management	IN
Rhythm ECG with report	* CPEP 13 - Cardiology	IN
93041	CPEP 7 - Evaluation and Management	IN OUT
Rhythm ECG, tracing	* CPEP 13 - Cardiology	IN
93042	CPEP 7 - Evaluation and Management	OUT
Rhythm ECG, report	* CPEP 13 - Cardiology	OUT
93220	CPEP 7 - Evaluation and Management	IN
Vectorcardiogram	* CPEP 13 - Cardiology	IN
93221	CPEP 7 - Evaluation and Management	IN
Vectorcardiogram tracing	* CPEP 13 - Cardiology	IN
93222	CPEP 7 - Evaluation and Management	OUT
Vectorcardiogram report	* CPEP 13 - Cardiology	OUT
93272	CPEP 7 - Evaluation and Management	OUT
ECG/review, interpret only	* CPEP 13 - Cardiology	IN
93278	CPEP 7 - Evaluation and Management	IN OUT
ECG/signal-averaged	* CPEP 13 - Cardiology	IN OUT
93740	CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
Temperature gradient studies	* CPEP 13 - Cardiology	NOT PROFILED
93770	CPEP 12 - Cardiothoracic and Vascular	NOT PROFILED
Measure venous pressure	* CPEP 13 - Cardiology	NOT PROFILED
94640	CPEP 7 - Evaluation and Management	IN OUT
Airway inhalation treatment	* CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>
94642 Aerosol inhalation treatment	CPEP 7 - Evaluation and Management * CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN IN OUT
94650 Pressure breathing (IPPB)	CPEP 7 - Evaluation and Management * CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN IN OUT
94651 Pressure breathing (IPPB)	CPEP 7 - Evaluation and Management * CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT IN OUT
94652 Pressure breathing (IPPB)	CPEP 7 - Evaluation and Management * CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT IN OUT
94664 Aerosol or vapor inhalations	R CPEP 7 - Evaluation and Management * R CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN IN OUT
94665 Aerosol or vapor inhalations	CPEP 7 - Evaluation and Management * CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT IN OUT
94667 Chest wall manipulation	CPEP 7 - Evaluation and Management * CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT IN OUT
94668 Chest wall manipulation	CPEP 7 - Evaluation and Management * CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT IN OUT
95060 Eye allergy tests	CPEP 5 - Ophthalmology * CPEP 10 - Miscellaneous Internal Medicine and Other Services	NOT PROFILED IN
95834 Body muscle testing, manual	* CPEP 1 - Integumentary and Physical Medicine CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN IN
97010 Hot or cold packs therapy	* CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics	IN IN
97012 Mechanical traction therapy	* CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics	IN IN
97014 Electric stimulation therapy	* CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics	IN IN

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
97016	* CPEP 1 - Integumentary and Physical Medicine	IN
Vasopneumatic device therapy	CPEP 3 - Orthopaedics	IN
97018	* CPEP 1 - Integumentary and Physical Medicine	IN
Paraffin bath therapy	CPEP 3 - Orthopaedics	IN
97020	* CPEP 1 - Integumentary and Physical Medicine	IN
Microwave therapy	CPEP 3 - Orthopaedics	IN
97022	* CPEP 1 - Integumentary and Physical Medicine	IN
Whirlpool therapy	CPEP 3 - Orthopaedics	IN
97024	* CPEP 1 - Integumentary and Physical Medicine	IN
Diathermy treatment	CPEP 3 - Orthopaedics	IN
97026	* CPEP 1 - Integumentary and Physical Medicine	IN
Infrared therapy	CPEP 3 - Orthopaedics	IN
97028	* CPEP 1 - Integumentary and Physical Medicine	IN
Ultraviolet therapy	CPEP 3 - Orthopaedics	IN
97032	* CPEP 1 - Integumentary and Physical Medicine	IN
Electrical stimulation	CPEP 3 - Orthopaedics	IN
97033	* CPEP 1 - Integumentary and Physical Medicine	IN
Electric current therapy	CPEP 3 - Orthopaedics	IN
97034	* CPEP 1 - Integumentary and Physical Medicine	IN
Contrast bath therapy	CPEP 3 - Orthopaedics	IN
97035	* CPEP 1 - Integumentary and Physical Medicine	IN
Ultrasound therapy	CPEP 3 - Orthopaedics	IN
97036	* CPEP 1 - Integumentary and Physical Medicine	IN
Hydrotherapy	CPEP 3 - Orthopaedics	IN
97039	* CPEP 1 - Integumentary and Physical Medicine	IN
Physical therapy treatment	CPEP 3 - Orthopaedics	IN
97110	* <i>R</i> CPEP 1 - Integumentary and Physical Medicine	IN
Therapeutic exercises	<i>R</i> CPEP 3 - Orthopaedics	IN
97112	* CPEP 1 - Integumentary and Physical Medicine	IN
Neuromuscular reeducation	CPEP 3 - Orthopaedics	IN

HCPCS	CPEP	Sites Profiled
<i>Description</i>	<i>* indicates the primary assignment R indicates a reference service</i>	
97113	* CPEP 1 - Integumentary and Physical Medicine	IN
Aquatic therapy/exercises	CPEP 3 - Orthopaedics	IN
97116	* CPEP 1 - Integumentary and Physical Medicine	IN
Gait training therapy	CPEP 3 - Orthopaedics	IN
97122	* CPEP 1 - Integumentary and Physical Medicine	IN
Manual traction therapy	CPEP 3 - Orthopaedics	IN
97124	* CPEP 1 - Integumentary and Physical Medicine	IN
Massage therapy	CPEP 3 - Orthopaedics	IN
97139	* CPEP 1 - Integumentary and Physical Medicine	IN
Physical medicine procedure	CPEP 3 - Orthopaedics	IN
97150	* CPEP 1 - Integumentary and Physical Medicine	IN
Group therapeutic procedures	CPEP 3 - Orthopaedics	IN
97250	* CPEP 1 - Integumentary and Physical Medicine	IN
Myofascial release	CPEP 3 - Orthopaedics	IN
97260	* CPEP 1 - Integumentary and Physical Medicine	IN
Regional manipulation	CPEP 3 - Orthopaedics	IN
97261	* CPEP 1 - Integumentary and Physical Medicine	IN
Supplemental manipulations	CPEP 3 - Orthopaedics	IN
97265	* CPEP 1 - Integumentary and Physical Medicine	IN
Joint mobilization	CPEP 3 - Orthopaedics	IN
97500	* CPEP 1 - Integumentary and Physical Medicine	IN
Orthotics training	CPEP 3 - Orthopaedics	IN
97501	* CPEP 1 - Integumentary and Physical Medicine	IN
Supplemental training	CPEP 3 - Orthopaedics	IN
97520	* CPEP 1 - Integumentary and Physical Medicine	IN
Prosthetic training	CPEP 3 - Orthopaedics	IN
97521	* CPEP 1 - Integumentary and Physical Medicine	IN
Supplemental training	CPEP 3 - Orthopaedics	IN
97530	* CPEP 1 - Integumentary and Physical Medicine	IN
Therapeutic activities	CPEP 3 - Orthopaedics	IN

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
97700	* CPEP 1 - Integumentary and Physical Medicine	IN
Training checkout	CPEP 3 - Orthopaedics	IN
97701	* CPEP 1 - Integumentary and Physical Medicine	IN
Supplemental checkout	CPEP 3 - Orthopaedics	IN
97750	* CPEP 1 - Integumentary and Physical Medicine	IN
Physical performance test	CPEP 3 - Orthopaedics	IN
98925	* CPEP 1 - Integumentary and Physical Medicine	IN
Osteopathic manipulation	CPEP 3 - Orthopaedics	IN
98926	* CPEP 1 - Integumentary and Physical Medicine	IN
Osteopathic manipulation	CPEP 3 - Orthopaedics	IN
98927	* CPEP 1 - Integumentary and Physical Medicine	IN
Osteopathic manipulation	CPEP 3 - Orthopaedics	IN
98928	* CPEP 1 - Integumentary and Physical Medicine	IN
Osteopathic manipulation	CPEP 3 - Orthopaedics	IN
98929	* CPEP 1 - Integumentary and Physical Medicine	IN
Osteopathic manipulation	CPEP 3 - Orthopaedics	IN
99183	CPEP 7 - Evaluation and Management	OUT
Hyperbaric oxygen therapy	* CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
99201	CPEP 1 - Integumentary and Physical Medicine	IN
Office/outpatient visit, new	CPEP 3 - Orthopaedics	IN
	CPEP 4 - OB/GYN	IN
	CPEP 5 - Ophthalmology	IN
	* CPEP 7 - Evaluation and Management	IN
	CPEP 8 - General Surgery	IN
	CPEP 9 - Otolaryngology	IN
99202	CPEP 1 - Integumentary and Physical Medicine	IN
Office/outpatient visit, new	CPEP 3 - Orthopaedics	IN
	CPEP 4 - OB/GYN	IN
	CPEP 5 - Ophthalmology	IN
	* CPEP 7 - Evaluation and Management	IN
	CPEP 8 - General Surgery	IN
	CPEP 9 - Otolaryngology	IN

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>	
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>		
99203	R CPEP 1 - Integumentary and Physical Medicine	IN	
Office/outpatient visit, new	R CPEP 3 - Orthopaedics	IN	
	R CPEP 4 - OB/GYN	IN	
	R CPEP 5 - Ophthalmology	IN	
	* R CPEP 7 - Evaluation and Management	IN	
	R CPEP 8 - General Surgery	IN	
	R CPEP 9 - Otolaryngology	IN	
99204	CPEP 1 - Integumentary and Physical Medicine	IN	
Office/outpatient visit, new	CPEP 3 - Orthopaedics	IN	
	CPEP 4 - OB/GYN	IN	
	CPEP 5 - Ophthalmology	IN	
	* CPEP 7 - Evaluation and Management	IN	
	CPEP 8 - General Surgery	IN	
	CPEP 9 - Otolaryngology	IN	
99205	CPEP 1 - Integumentary and Physical Medicine	IN	
Office/outpatient visit, new	CPEP 3 - Orthopaedics	IN	
	CPEP 4 - OB/GYN	IN	
	CPEP 5 - Ophthalmology	IN	
	* CPEP 7 - Evaluation and Management	IN	
	CPEP 8 - General Surgery	IN	
	CPEP 9 - Otolaryngology	IN	
99211	CPEP 1 - Integumentary and Physical Medicine	IN	
Office/outpatient visit, est	CPEP 2 - Male Genital and Urinary	IN	
	CPEP 3 - Orthopaedics	IN	
	CPEP 4 - OB/GYN	IN	
	CPEP 5 - Ophthalmology	IN	
	* CPEP 7 - Evaluation and Management	IN	
	CPEP 8 - General Surgery	IN	
	CPEP 9 - Otolaryngology	IN	
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN	
	CPEP 11 - Gastroenterology	IN	OUT
	CPEP 12 - Cardiothoracic and Vascular	IN	OUT
	CPEP 13 - Cardiology	IN	OUT
	CPEP 15 - Neurosurgery	IN	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment R indicates a reference service</i>	
99215	CPEP 1 - Integumentary and Physical Medicine	IN
Office/outpatient visit, est	CPEP 2 - Male Genital and Urinary	IN
	CPEP 3 - Orthopaedics	IN
	CPEP 4 - OB/GYN	IN
	CPEP 5 - Ophthalmology	IN
	* CPEP 7 - Evaluation and Management	IN
	CPEP 8 - General Surgery	IN
	CPEP 9 - Otolaryngology	IN
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN
	CPEP 11 - Gastroenterology	IN OUT
	CPEP 12 - Cardiothoracic and Vascular	IN OUT
	CPEP 13 - Cardiology	IN OUT
	CPEP 15 - Neurosurgery	IN OUT
99217	* CPEP 7 - Evaluation and Management	OUT
Observation care discharge	CPEP 8 - General Surgery	OUT
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
	CPEP 11 - Gastroenterology	OUT
	CPEP 13 - Cardiology	OUT
99231	* CPEP 7 - Evaluation and Management	OUT
Subsequent hospital care	CPEP 8 - General Surgery	OUT
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
	CPEP 11 - Gastroenterology	OUT
	CPEP 13 - Cardiology	OUT
99232	* R CPEP 7 - Evaluation and Management	OUT
Subsequent hospital care	R CPEP 8 - General Surgery	OUT
	R CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
	R CPEP 11 - Gastroenterology	OUT
	R CPEP 13 - Cardiology	OUT
99233	* CPEP 7 - Evaluation and Management	OUT
Subsequent hospital care	CPEP 8 - General Surgery	OUT
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
	CPEP 11 - Gastroenterology	OUT
	CPEP 13 - Cardiology	OUT

<i>HCPCS</i> <i>Description</i>	<i>CPEP</i> <i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	<i>Sites Profiled</i>	
99238 Hospital discharge day	* CPEP 7 - Evaluation and Management		OUT
	CPEP 8 - General Surgery		OUT
	CPEP 10 - Miscellaneous Internal Medicine and Other Services		OUT
	CPEP 11 - Gastroenterology		OUT
	CPEP 13 - Cardiology		OUT
99241 Office consultation	CPEP 1 - Integumentary and Physical Medicine	IN	OUT
	CPEP 2 - Male Genital and Urinary	IN	OUT
	CPEP 3 - Orthopaedics	IN	OUT
	CPEP 5 - Ophthalmology	IN	
	* CPEP 7 - Evaluation and Management	IN	OUT
	CPEP 8 - General Surgery	IN	
	CPEP 9 - Otolaryngology	IN	
	CPEP 11 - Gastroenterology	IN	
	CPEP 12 - Cardiothoracic and Vascular	IN	OUT
	CPEP 13 - Cardiology	IN	OUT
	CPEP 15 - Neurosurgery	IN	OUT
99242 Office consultation	CPEP 1 - Integumentary and Physical Medicine	IN	OUT
	CPEP 2 - Male Genital and Urinary	IN	OUT
	CPEP 3 - Orthopaedics	IN	OUT
	CPEP 5 - Ophthalmology	IN	
	* CPEP 7 - Evaluation and Management	IN	OUT
	CPEP 8 - General Surgery	IN	
	CPEP 9 - Otolaryngology	IN	
	CPEP 11 - Gastroenterology	IN	
	CPEP 12 - Cardiothoracic and Vascular	IN	OUT
	CPEP 13 - Cardiology	IN	OUT
	CPEP 15 - Neurosurgery	IN	OUT
99243 Office consultation	<i>R</i> CPEP 1 - Integumentary and Physical Medicine	IN	OUT
	<i>R</i> CPEP 2 - Male Genital and Urinary	IN	OUT
	<i>R</i> CPEP 3 - Orthopaedics	IN	OUT
	<i>R</i> CPEP 5 - Ophthalmology	IN	
	* <i>R</i> CPEP 7 - Evaluation and Management	IN	OUT
	<i>R</i> CPEP 8 - General Surgery	IN	
	<i>R</i> CPEP 9 - Otolaryngology	IN	
	<i>R</i> CPEP 11 - Gastroenterology	IN	
	<i>R</i> CPEP 12 - Cardiothoracic and Vascular	IN	OUT
	<i>R</i> CPEP 13 - Cardiology	IN	OUT
	<i>R</i> CPEP 15 - Neurosurgery	IN	OUT

<i>HCPCS</i> <i>Description</i>	<i>CPEP</i> <i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	<i>Sites Profiled</i>	
99244 Office consultation	CPEP 1 - Integumentary and Physical Medicine	IN	OUT
	CPEP 2 - Male Genital and Urinary	IN	OUT
	CPEP 3 - Orthopaedics	IN	OUT
	CPEP 5 - Ophthalmology	IN	
	* CPEP 7 - Evaluation and Management	IN	OUT
	CPEP 8 - General Surgery	IN	
	CPEP 9 - Otolaryngology	IN	
	CPEP 11 - Gastroenterology	IN	
	CPEP 12 - Cardiothoracic and Vascular	IN	OUT
	CPEP 13 - Cardiology	IN	OUT
	CPEP 15 - Neurosurgery	IN	OUT
99245 Office consultation	CPEP 1 - Integumentary and Physical Medicine	IN	OUT
	CPEP 2 - Male Genital and Urinary	IN	OUT
	CPEP 3 - Orthopaedics	IN	OUT
	CPEP 5 - Ophthalmology	IN	
	* CPEP 7 - Evaluation and Management	IN	OUT
	CPEP 8 - General Surgery	IN	
	CPEP 9 - Otolaryngology	IN	
	CPEP 11 - Gastroenterology	IN	
	CPEP 12 - Cardiothoracic and Vascular	IN	OUT
	CPEP 13 - Cardiology	IN	OUT
	CPEP 15 - Neurosurgery	IN	OUT
99251 Initial inpatient consult	CPEP 2 - Male Genital and Urinary		OUT
	* CPEP 7 - Evaluation and Management		OUT
	CPEP 8 - General Surgery		OUT
	CPEP 10 - Miscellaneous Internal Medicine and Other Services		OUT
	CPEP 11 - Gastroenterology		OUT
	CPEP 12 - Cardiothoracic and Vascular		OUT
	CPEP 13 - Cardiology		OUT
	CPEP 15 - Neurosurgery		OUT
99252 Initial inpatient consult	CPEP 2 - Male Genital and Urinary		OUT
	* CPEP 7 - Evaluation and Management		OUT
	CPEP 8 - General Surgery		OUT
	CPEP 10 - Miscellaneous Internal Medicine and Other Services		OUT
	CPEP 11 - Gastroenterology		OUT
	CPEP 12 - Cardiothoracic and Vascular		OUT
	CPEP 13 - Cardiology		OUT
	CPEP 15 - Neurosurgery		OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
99253	R CPEP 2 - Male Genital and Urinary	OUT
Initial inpatient consult	* R CPEP 7 - Evaluation and Management	OUT
	R CPEP 8 - General Surgery	OUT
	R CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
	R CPEP 11 - Gastroenterology	OUT
	R CPEP 12 - Cardiothoracic and Vascular	OUT
	R CPEP 13 - Cardiology	OUT
	R CPEP 15 - Neurosurgery	OUT
99254	CPEP 2 - Male Genital and Urinary	OUT
Initial inpatient consult	* C PEP 7 - Evaluation and Management	OUT
	CPEP 8 - General Surgery	OUT
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
	CPEP 11 - Gastroenterology	OUT
	CPEP 12 - Cardiothoracic and Vascular	OUT
	CPEP 13 - Cardiology	OUT
	CPEP 15 - Neurosurgery	OUT
99255	CPEP 2 - Male Genital and Urinary	OUT
Initial inpatient consult	* C PEP 7 - Evaluation and Management	OUT
	CPEP 8 - General Surgery	OUT
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
	CPEP 11 - Gastroenterology	OUT
	CPEP 12 - Cardiothoracic and Vascular	OUT
	CPEP 13 - Cardiology	OUT
	CPEP 15 - Neurosurgery	OUT
99261	CPEP 2 - Male Genital and Urinary	OUT
Follow-up inpatient consult	* C PEP 7 - Evaluation and Management	OUT
	CPEP 8 - General Surgery	OUT
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
	CPEP 11 - Gastroenterology	OUT
	CPEP 12 - Cardiothoracic and Vascular	OUT
	CPEP 13 - Cardiology	OUT
	CPEP 15 - Neurosurgery	OUT

99262	CPEP 2 - Male Genital and Urinary	OUT
Follow-up inpatient consult	* CPEP 7 - Evaluation and Management	OUT
	CPEP 8 - General Surgery	OUT
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
	CPEP 11 - Gastroenterology	OUT
	CPEP 12 - Cardiothoracic and Vascular	OUT
	CPEP 13 - Cardiology	OUT
	CPEP 15 - Neurosurgery	OUT

99263	CPEP 2 - Male Genital and Urinary	OUT
Follow-up inpatient consult	* CPEP 7 - Evaluation and Management	OUT
	CPEP 8 - General Surgery	OUT
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
	CPEP 11 - Gastroenterology	OUT
	CPEP 12 - Cardiothoracic and Vascular	OUT
	CPEP 13 - Cardiology	OUT
	CPEP 15 - Neurosurgery	OUT

99271	CPEP 2 - Male Genital and Urinary	IN	OUT
Confirmatory consultation	* CPEP 7 - Evaluation and Management	IN	OUT
	CPEP 8 - General Surgery	IN	
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN	OUT
	CPEP 11 - Gastroenterology	IN	OUT
	CPEP 12 - Cardiothoracic and Vascular	IN	OUT
	CPEP 13 - Cardiology		OUT
	CPEP 15 - Neurosurgery	IN	OUT

99272	CPEP 2 - Male Genital and Urinary	IN	OUT
Confirmatory consultation	* CPEP 7 - Evaluation and Management	IN	OUT
	CPEP 8 - General Surgery	IN	
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN	OUT
	CPEP 11 - Gastroenterology	IN	OUT
	CPEP 12 - Cardiothoracic and Vascular	IN	OUT
	CPEP 13 - Cardiology		OUT
	CPEP 15 - Neurosurgery	IN	OUT

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>	
99273	CPEP 2 - Male Genital and Urinary	IN	OUT
Confirmatory consultation	* CPEP 7 - Evaluation and Management	IN	OUT
	CPEP 8 - General Surgery	IN	
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN	OUT
	CPEP 11 - Gastroenterology	IN	OUT
	CPEP 12 - Cardiothoracic and Vascular	IN	OUT
	CPEP 13 - Cardiology		OUT
	CPEP 15 - Neurosurgery	IN	OUT
99274	CPEP 2 - Male Genital and Urinary	IN	OUT
Confirmatory consultation	* CPEP 7 - Evaluation and Management	IN	OUT
	CPEP 8 - General Surgery	IN	
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN	OUT
	CPEP 11 - Gastroenterology	IN	OUT
	CPEP 12 - Cardiothoracic and Vascular	IN	OUT
	CPEP 13 - Cardiology		OUT
	CPEP 15 - Neurosurgery	IN	OUT
99275	CPEP 2 - Male Genital and Urinary	IN	OUT
Confirmatory consultation	* CPEP 7 - Evaluation and Management	IN	OUT
	CPEP 8 - General Surgery	IN	
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN	OUT
	CPEP 11 - Gastroenterology	IN	OUT
	CPEP 12 - Cardiothoracic and Vascular	IN	OUT
	CPEP 13 - Cardiology		OUT
	CPEP 15 - Neurosurgery	IN	OUT
99291	* <i>R</i> CPEP 7 - Evaluation and Management		OUT
Critical care, first hour	<i>R</i> CPEP 14 - Anesthesiology/Pathology		OUT
99292	* CPEP 7 - Evaluation and Management		OUT
Critical care, addl 30 min	CPEP 14 - Anesthesiology/Pathology		OUT
99295	* CPEP 7 - Evaluation and Management		OUT
Neonatal critical care	CPEP 14 - Anesthesiology/Pathology		NOT PROFILED
99296	* CPEP 7 - Evaluation and Management		OUT
Neonatal critical care	CPEP 14 - Anesthesiology/Pathology		NOT PROFILED
99297	* CPEP 7 - Evaluation and Management		OUT
Neonatal critical care	CPEP 14 - Anesthesiology/Pathology		NOT PROFILED
99311	CPEP 1 - Integumentary and Physical Medicine		OUT
Nursing facility care,subseq	* CPEP 7 - Evaluation and Management		OUT

99312	R CPEP 1 - Integumentary and Physical Medicine	OUT
Nursing facility care,subseq	* R CPEP 7 - Evaluation and Management	OUT
99313	CPEP 1 - Integumentary and Physical Medicine	OUT
Nursing facility care,subseq	* CPEP 7 - Evaluation and Management	OUT
99354	CPEP 1 - Integumentary and Physical Medicine	IN OUT
Prolonged service, office	CPEP 2 - Male Genital and Urinary	IN OUT
	CPEP 3 - Orthopaedics	IN
	CPEP 4 - OB/GYN	IN OUT
	CPEP 5 - Ophthalmology	NOT PROFILED
	* CPEP 7 - Evaluation and Management	IN
	CPEP 8 - General Surgery	IN
	CPEP 9 - Otolaryngology	NOT PROFILED
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT
	CPEP 11 - Gastroenterology	IN OUT
	CPEP 12 - Cardiothoracic and Vascular	IN OUT
	CPEP 13 - Cardiology	IN OUT
	CPEP 15 - Neurosurgery	IN OUT
99355	CPEP 1 - Integumentary and Physical Medicine	IN OUT
Prolonged service, office	CPEP 2 - Male Genital and Urinary	IN OUT
	CPEP 3 - Orthopaedics	IN
	CPEP 4 - OB/GYN	IN OUT
	CPEP 5 - Ophthalmology	NOT PROFILED
	* CPEP 7 - Evaluation and Management	IN
	CPEP 8 - General Surgery	IN
	CPEP 9 - Otolaryngology	NOT PROFILED
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT
	CPEP 11 - Gastroenterology	IN OUT
	CPEP 12 - Cardiothoracic and Vascular	IN OUT
	CPEP 13 - Cardiology	IN OUT
	CPEP 15 - Neurosurgery	IN OUT
99356	* CPEP 7 - Evaluation and Management	OUT
Prolonged service, inpatient	CPEP 8 - General Surgery	OUT
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
	CPEP 11 - Gastroenterology	OUT
	CPEP 13 - Cardiology	OUT

<i>HCPCS</i>	<i>CPEP</i>	<i>Sites Profiled</i>
<i>Description</i>	<i>* indicates the primary assignment</i> <i>R indicates a reference service</i>	
99357	* CPEP 7 - Evaluation and Management	OUT
Prolonged service, inpatient	CPEP 8 - General Surgery	OUT
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	OUT
	CPEP 11 - Gastroenterology	OUT
	CPEP 13 - Cardiology	OUT
99375	CPEP 2 - Male Genital and Urinary	IN
Care plan oversight/30-60	* CPEP 7 - Evaluation and Management	IN OUT
	CPEP 8 - General Surgery	IN
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT
	CPEP 11 - Gastroenterology	OUT
	CPEP 12 - Cardiothoracic and Vascular	IN OUT
	CPEP 13 - Cardiology	IN
	CPEP 15 - Neurosurgery	IN OUT
99381	CPEP 1 - Integumentary and Physical Medicine	IN
Preventive visit,new,infant	CPEP 3 - Orthopaedics	IN
	CPEP 4 - OB/GYN	NOT PROFILED
	CPEP 5 - Ophthalmology	NOT PROFILED
	* CPEP 7 - Evaluation and Management	IN
	CPEP 8 - General Surgery	IN
	CPEP 9 - Otolaryngology	NOT PROFILED
99382	CPEP 1 - Integumentary and Physical Medicine	IN
Preventive visit,new,age 1-4	CPEP 3 - Orthopaedics	IN
	CPEP 4 - OB/GYN	NOT PROFILED
	CPEP 5 - Ophthalmology	NOT PROFILED
	* CPEP 7 - Evaluation and Management	IN
	CPEP 8 - General Surgery	IN
	CPEP 9 - Otolaryngology	NOT PROFILED
99383	CPEP 1 - Integumentary and Physical Medicine	IN
Preventive visit,new,age5-11	CPEP 3 - Orthopaedics	IN
	CPEP 4 - OB/GYN	IN
	CPEP 5 - Ophthalmology	NOT PROFILED
	* CPEP 7 - Evaluation and Management	IN
	CPEP 8 - General Surgery	IN
	CPEP 9 - Otolaryngology	NOT PROFILED

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>
99384 Preventive visit,new,12-17	CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics CPEP 4 - OB/GYN CPEP 5 - Ophthalmology * CPEP 7 - Evaluation and Management CPEP 8 - General Surgery CPEP 9 - Otolaryngology	IN IN IN NOT PROFILED IN IN NOT PROFILED
99385 Preventive visit,new,18-39	CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics CPEP 4 - OB/GYN CPEP 5 - Ophthalmology * CPEP 7 - Evaluation and Management CPEP 8 - General Surgery CPEP 9 - Otolaryngology	IN IN IN NOT PROFILED IN IN NOT PROFILED
99386 Preventive visit,new,40-64	CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics CPEP 4 - OB/GYN CPEP 5 - Ophthalmology * CPEP 7 - Evaluation and Management CPEP 8 - General Surgery CPEP 9 - Otolaryngology	IN IN IN NOT PROFILED IN IN NOT PROFILED
99387 Preventive visit,new,65&over	CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics CPEP 4 - OB/GYN CPEP 5 - Ophthalmology * CPEP 7 - Evaluation and Management CPEP 8 - General Surgery CPEP 9 - Otolaryngology	IN IN IN NOT PROFILED IN IN NOT PROFILED
99391 Preventive visit,est,infant	CPEP 1 - Integumentary and Physical Medicine CPEP 2 - Male Genital and Urinary CPEP 3 - Orthopaedics CPEP 4 - OB/GYN CPEP 5 - Ophthalmology * CPEP 7 - Evaluation and Management CPEP 8 - General Surgery CPEP 9 - Otolaryngology CPEP 10 - Miscellaneous Internal Medicine and Other Services CPEP 11 - Gastroenterology CPEP 12 - Cardiothoracic and Vascular CPEP 13 - Cardiology CPEP 15 - Neurosurgery	IN NOT PROFILED NOT PROFILED NOT PROFILED NOT PROFILED IN IN NOT PROFILED IN OUT NOT PROFILED IN OUT NOT PROFILED NOT PROFILED

HCPCS	CPEP	Sites Profiled
Description	* indicates the primary assignment R indicates a reference service	
99392		
Preventive visit,est,age 1-4	CPEP 1 - Integumentary and Physical Medicine	IN
	CPEP 2 - Male Genital and Urinary	NOT PROFILED
	CPEP 3 - Orthopaedics	NOT PROFILED
	CPEP 4 - OB/GYN	NOT PROFILED
	CPEP 5 - Ophthalmology	NOT PROFILED
	* CPEP 7 - Evaluation and Management	IN
	CPEP 8 - General Surgery	IN
	CPEP 9 - Otolaryngology	NOT PROFILED
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN
	CPEP 11 - Gastroenterology	NOT PROFILED
	CPEP 12 - Cardiothoracic and Vascular	IN OUT
	CPEP 13 - Cardiology	NOT PROFILED
	CPEP 15 - Neurosurgery	NOT PROFILED
99393		
Preventive visit,est,age5-11	CPEP 1 - Integumentary and Physical Medicine	IN
	CPEP 2 - Male Genital and Urinary	NOT PROFILED
	CPEP 3 - Orthopaedics	NOT PROFILED
	CPEP 4 - OB/GYN	IN
	CPEP 5 - Ophthalmology	NOT PROFILED
	* CPEP 7 - Evaluation and Management	IN
	CPEP 8 - General Surgery	IN
	CPEP 9 - Otolaryngology	NOT PROFILED
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN
	CPEP 11 - Gastroenterology	NOT PROFILED
	CPEP 12 - Cardiothoracic and Vascular	IN OUT
	CPEP 13 - Cardiology	NOT PROFILED
	CPEP 15 - Neurosurgery	NOT PROFILED
99394		
Preventive visit,est,12-17	CPEP 1 - Integumentary and Physical Medicine	IN
	CPEP 2 - Male Genital and Urinary	NOT PROFILED
	CPEP 3 - Orthopaedics	NOT PROFILED
	CPEP 4 - OB/GYN	IN
	CPEP 5 - Ophthalmology	NOT PROFILED
	* CPEP 7 - Evaluation and Management	IN
	CPEP 8 - General Surgery	IN
	CPEP 9 - Otolaryngology	NOT PROFILED
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN
	CPEP 11 - Gastroenterology	NOT PROFILED
	CPEP 12 - Cardiothoracic and Vascular	IN OUT
	CPEP 13 - Cardiology	NOT PROFILED
	CPEP 15 - Neurosurgery	NOT PROFILED

99395 Preventive visit,est,18-39	CPEP 1 - Integumentary and Physical Medicine	IN
	CPEP 2 - Male Genital and Urinary	NOT PROFILED
	CPEP 3 - Orthopaedics	NOT PROFILED
	CPEP 4 - OB/GYN	IN
	CPEP 5 - Ophthalmology	NOT PROFILED
	* CPEP 7 - Evaluation and Management	IN
	CPEP 8 - General Surgery	IN
	CPEP 9 - Otolaryngology	NOT PROFILED
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN
	CPEP 11 - Gastroenterology	NOT PROFILED
	CPEP 12 - Cardiothoracic and Vascular	IN OUT
	CPEP 13 - Cardiology	IN OUT
	CPEP 15 - Neurosurgery	NOT PROFILED
99396 Preventive visit,est,40-64	CPEP 1 - Integumentary and Physical Medicine	IN
	CPEP 2 - Male Genital and Urinary	NOT PROFILED
	CPEP 3 - Orthopaedics	NOT PROFILED
	CPEP 4 - OB/GYN	IN
	CPEP 5 - Ophthalmology	NOT PROFILED
	* CPEP 7 - Evaluation and Management	IN
	CPEP 8 - General Surgery	IN
	CPEP 9 - Otolaryngology	NOT PROFILED
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN
	CPEP 11 - Gastroenterology	NOT PROFILED
	CPEP 12 - Cardiothoracic and Vascular	IN OUT
	CPEP 13 - Cardiology	IN OUT
	CPEP 15 - Neurosurgery	NOT PROFILED
99397 Preventive visit,est,65&over	CPEP 1 - Integumentary and Physical Medicine	IN
	CPEP 2 - Male Genital and Urinary	NOT PROFILED
	CPEP 3 - Orthopaedics	NOT PROFILED
	CPEP 4 - OB/GYN	IN
	CPEP 5 - Ophthalmology	NOT PROFILED
	* CPEP 7 - Evaluation and Management	IN
	CPEP 8 - General Surgery	IN
	CPEP 9 - Otolaryngology	NOT PROFILED
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT
	CPEP 11 - Gastroenterology	NOT PROFILED
	CPEP 12 - Cardiothoracic and Vascular	IN OUT
	CPEP 13 - Cardiology	IN OUT
	CPEP 15 - Neurosurgery	NOT PROFILED

HCPCS Description	CPEP	Sites Profiled	
99401 Preventive counseling, indiv	CPEP 1 - Integumentary and Physical Medicine	IN	
	CPEP 2 - Male Genital and Urinary	NOT PROFILED	
	CPEP 3 - Orthopaedics	NOT PROFILED	
	CPEP 4 - OB/GYN	IN OUT	
	CPEP 5 - Ophthalmology	NOT PROFILED	
	* CPEP 7 - Evaluation and Management	IN	
	CPEP 8 - General Surgery	IN	
	CPEP 9 - Otolaryngology	NOT PROFILED	
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT	
	CPEP 11 - Gastroenterology	NOT PROFILED	
	CPEP 12 - Cardiothoracic and Vascular	IN OUT	
	CPEP 13 - Cardiology	IN OUT	
	CPEP 15 - Neurosurgery	NOT PROFILED	
	99402 Preventive counseling, indiv	CPEP 1 - Integumentary and Physical Medicine	IN
		CPEP 2 - Male Genital and Urinary	NOT PROFILED
CPEP 3 - Orthopaedics		NOT PROFILED	
CPEP 4 - OB/GYN		IN OUT	
CPEP 5 - Ophthalmology		NOT PROFILED	
* CPEP 7 - Evaluation and Management		IN	
CPEP 8 - General Surgery		IN	
CPEP 9 - Otolaryngology		NOT PROFILED	
CPEP 10 - Miscellaneous Internal Medicine and Other Services		IN OUT	
CPEP 11 - Gastroenterology		NOT PROFILED	
CPEP 12 - Cardiothoracic and Vascular		IN OUT	
CPEP 13 - Cardiology		IN OUT	
CPEP 15 - Neurosurgery		NOT PROFILED	
99403 Preventive counseling, indiv		CPEP 1 - Integumentary and Physical Medicine	IN
		CPEP 2 - Male Genital and Urinary	NOT PROFILED
	CPEP 3 - Orthopaedics	NOT PROFILED	
	CPEP 4 - OB/GYN	IN OUT	
	CPEP 5 - Ophthalmology	NOT PROFILED	
	* CPEP 7 - Evaluation and Management	IN	
	CPEP 8 - General Surgery	IN	
	CPEP 9 - Otolaryngology	NOT PROFILED	
	CPEP 10 - Miscellaneous Internal Medicine and Other Services	IN OUT	
	CPEP 11 - Gastroenterology	NOT PROFILED	
	CPEP 12 - Cardiothoracic and Vascular	IN OUT	
	CPEP 13 - Cardiology	IN OUT	
	CPEP 15 - Neurosurgery	NOT PROFILED	

HCPCS Description	CPEP <i>* indicates the primary assignment R indicates a reference service</i>	Sites Profiled
99404 Preventive counseling, indiv	CPEP 1 - Integumentary and Physical Medicine CPEP 2 - Male Genital and Urinary CPEP 3 - Orthopaedics CPEP 4 - OB/GYN CPEP 5 - Ophthalmology * CPEP 7 - Evaluation and Management CPEP 8 - General Surgery CPEP 9 - Otolaryngology CPEP 10 - Miscellaneous Internal Medicine and Other Services CPEP 11 - Gastroenterology CPEP 12 - Cardiothoracic and Vascular CPEP 13 - Cardiology CPEP 15 - Neurosurgery	IN NOT PROFILED NOT PROFILED IN OUT NOT PROFILED IN IN NOT PROFILED IN OUT NOT PROFILED IN OUT IN OUT NOT PROFILED
99432 Newborn care not in hospital	CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics CPEP 4 - OB/GYN CPEP 5 - Ophthalmology * CPEP 7 - Evaluation and Management CPEP 8 - General Surgery CPEP 9 - Otolaryngology	OUT NOT PROFILED NOT PROFILED NOT PROFILED IN NOT PROFILED NOT PROFILED
99433 Normal newborn care,hospital	* CPEP 7 - Evaluation and Management CPEP 8 - General Surgery CPEP 10 - Miscellaneous Internal Medicine and Other Services CPEP 11 - Gastroenterology CPEP 13 - Cardiology	OUT NOT PROFILED OUT NOT PROFILED NOT PROFILED
99440 Newborn resuscitation	* CPEP 7 - Evaluation and Management CPEP 14 - Anesthesiology/Pathology	OUT NOT PROFILED
A2000 Chiropractor manip of spine	* CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics	IN IN
M0005 Off visit 2/more modalities	* CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics	NOT PROFILED IN
M0006 One phys therapy modality	* CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics	NOT PROFILED IN
M0007 Combined phys ther mod & tx	* CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics	NOT PROFILED IN

<i>HCPCS Description</i>	<i>CPEP * indicates the primary assignment R indicates a reference service</i>	<i>Sites Profiled</i>
- M0008 Combined phys ther mod & tx	* CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics	NOT PROFILED IN
Q0035 Cardiokymography	CPEP 7 - Evaluation and Management * CPEP 13 - Cardiology	NOT PROFILED NOT PROFILED
Q0103 Physical therapy evaluation	* CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics	IN IN
Q0104 Phys therapy re-evaluation	* CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics	IN IN
Q0110 Occupational therap re-eval	* CPEP 1 - Integumentary and Physical Medicine CPEP 3 - Orthopaedics	IN NOT PROFILED
R0076 Transport portable EKG	CPEP 7 - Evaluation and Management * CPEP 13 - Cardiology	NOT PROFILED OUT

List of Reference Service Assignments

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CPEP C 1 - Integumentary and Physical Medicine

Service Family

Reference Service

Global Post-Proc. Office E&M Equiv. Svcs.

Worksheet Packages to Complete

Incision and Drainage

10060 Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single 010 n/a

G	E
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Simple Excision and Biopsy

11642 Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 1.1 to 2.0 cm 010 n/a

G	E
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Complex Excision and Debridement

11643 Excision, malignant lesion, face, ears, eyelids, nose, lips; lesion diameter 2.1 to 3.0 cm 010 n/a

G	E
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Nail Procedures

11730 Avulsion of nail plate, partial or complete, simple; single 000

P	E
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Simple Skin Repair

12002 Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm 010 n/a

G	E
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Complex Skin Repairs Including Integument Grafts, Transfer and Rearrangement

15100 Split graft, trunk, scalp, arms, legs, hands, and/or feet (except multiple digits); 100 sq cm or less, or each one percent of body area of infants and children (except 15050) 090 n/a

G	E
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Simple Debridement, Excision and Destruction

17000 Destruction by any method, including laser, with or without surgical curettment, all benign facial lesions or premalignant lesions in any location, or benign lesions other than cutaneous vascular proliferative lesions, including local anesthesia; one les 010 n/a

G	E
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Dermabrasion and Cryotherapy

17340 Cryotherapy (CO2 slush, liquid N2) for acne 010 n/a

G	E
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Breast Procedures

19240 Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle 090 n/a

G	E
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Muscle Strength and Range of Motion Testing

95851 Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine) XXX

P	E
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Photochemotherapy

96910 Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B XXX

P	E
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Physical Therapy

97110 Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility XXX

P	E
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Office Visits - New Patient

99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of c XXX

M	E
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Office Visits - Established Patient

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making XXX

M	E
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CPEP C 1 - Integumentary and Physical Medicine

Service Family

Reference Service

Global Post-Proc. Office E&M Equiv. Svcs.

Worksheet Packages to Complete

Consultation - Office

99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age XXX

M E

Nursing Facility Care, Subsequent

99312 Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; XXX

M E

Occupational Therapy

Q0109 Occupational therapy evaluation XXX

P E

CPEP C 2 - Male Genital and Urinary

Service Family

Reference Service

Global Post-Proc. Office E&M Equiv. Svcs.

Worksheet Packages to Complete

Urinary Tract Biopsy

50200 Renal biopsy; percutaneous, by trocar or needle

000

P E

Major Procedure - Renal

50230 Nephrectomy, including partial ureterectomy, any approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy

090

n/a

G E

Renal Extracorporeal Shock Wave Lithotripsy

50590 Lithotripsy, extracorporeal shock wave

090

n/a

G E

Renal/Urinary Tract Endoscopy

50980 Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus

000

P E

Urinary Tract Motility Studies - Simple

51725 Simple cystometrogram (CMG) (eg, spinal manometer)

000

P E

Urinary Tract Motility Studies - Complex

51795 Voiding pressure studies (VP); bladder voiding pressure, any technique

000

P E

Simple Cystourethroscopy

52000 Cystourethroscopy (separate procedure)

000

P E

Moderate Cystourethroscopy

52005 Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;

000

P E

Nephrostomy, Complex Cystourethroscopy, and Litholapaxy

52240 Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)

000

P E

Major Transurethral Procedure

52601 Transurethral electro-surgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)

090

n/a

G E

Simple Urethral Procedures

53265 Excision or fulguration; urethral caruncle

010

n/a

G E

Complex Urethral Procedures

53420 Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; first stage

090

n/a

G E

Urethral Catherization and Dilation - Complex

53620 Dilation of urethral stricture by passage of filiform and follower, male; initial

000

P E

Urethral Catherization and Dilation -Simple

53670 Catheterization, urethra; simple

000

P E

Simple Penile Procedures

54161 Circumcision, surgical excision other than clamp, device or dorsal slit; except newborn

010

n/a

G E

Complex Penile Procedures

54332 One stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap

090

n/a

G E

CPEP C 2 - Male Genital and Urinary

Service Family

Reference Service

Global Post-Proc. Office E&M Equiv. Svcs.

Worksheet Packages to Complete

Insertion of Penile Prosthesis

54405	Insertion of inflatable (multi-component) penile prosthesis, including placement of pump, cylinders, and/or reservoir	090	n/a	G E
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Testicular and Epididymal Procedures

54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	090	n/a	G E
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Major Procedure -Urinary tract except kidney

55845	Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	090	n/a	G E
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Hysterectomy - Urology

57240	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele	090	n/a	G E
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Office Visits - Established Patient

99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	XXX		M E
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Consultation - Office

99243	Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age	XXX		M E
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Consultation - Inpatient

99253	Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provi	XXX		M E
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CPEP C 3 - Orthopaedics

Service Family		<i>Global</i>	<i>Post-Proc. Office E&M Equiv. Svcs.</i>	Worksheet Packages to Complete
<i>Reference Service</i>				
Arthrocentesis and Ligament or Tendon Injection				
20610	Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)	000		P E
Orthopaedics - Miscellaneous				
20680	Removal of implant: deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)	090	n/a	G E
Orthopaedics - Spine				
22842	Posterior instrumentation; segmental fixation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires)	000		P E
Orthopaedics - Shoulder Joint and Surrounding Structures				
23420	Repair of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)	090	5	G E
Closed Treatment of Fracture and Dislocation of Finger, Toe and Trunk				
23500	Closed treatment of clavicular fracture: without manipulation	090	n/a	G E
Bone or Joint Manipulation under Anesthesia				
23655	Closed treatment of shoulder dislocation, with manipulation: requiring anesthesia	090	n/a	G E
Orthopaedics - Elbow Joint and Surrounding Structures				
24105	Excision, olecranon bursa	090	n/a	G E
Orthopaedics - Upper Arm				
24516	Open treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws	090	n/a	G E
Orthopaedics - Forearm				
25000	Tendon sheath incision; at radial styloid (eg, for deQuervain's disease)	090	n/a	G E
Orthopaedics - Wrist Joint and Surrounding Structures				
25111	Excision of ganglion, wrist (dorsal or volar); primary	090	n/a	G E
Closed Treatment of Fracture and Dislocation except Finger, Toe and Trunk				
25605	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; with manipulation	090	n/a	G E
Orthopaedics - Hand				
26055	Tendon sheath incision (eg, for trigger finger)	090	n/a	G E
Orthopaedics - Pelvis				
26990	Incision and drainage, pelvis or hip joint area; deep abscess or hematoma	090	n/a	G E
Hip Replacement				
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	090	3	G E
Hip Fracture Repair				
27244	Open treatment of intertrochanteric, pertrochanteric or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage	090	n/a	G E
Orthopaedics - Hip Procedures (except hip replacement or hip fracture repair)				
27266	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia	090	n/a	G E

CPEP C 3 - Orthopaedics

Service Family**Reference Service**

Global Post-Proc.
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Worksheet Packages to Complete

Knee Replacement

27447 Arthroplasty, knee, condyle and plateau: medial AND lateral compartments with or without patella resurfacing ("total knee replacement")

090

n/a

G E

Orthopaedics - Thigh

27590 Amputation, thigh, through femur, any level;

090

n/a

G E

Orthopaedics - Lower Leg/Ankle

27814 Open treatment of bimalleolar ankle fracture, with or without internal or external fixation

090

n/a

G E

Open or Percutaneous Treatment of Fractures

27822 Open treatment of trimalleolar ankle fracture, with or without internal or external fixation, medial and/or lateral malleolus; without fixation of posterior lip

090

n/a

G E

Orthopaedics - Lower Leg

27880 Amputation, leg, through tibia and fibula;

090

n/a

G E

Orthopaedics - Foot

28292 Hallux valgus (bunion) correction, with or without sesamoidectomy; Keller, McBride or Mayo type procedure

090

6

G E

Cast and Strapping

29405 Application of short leg cast (below knee to toes);

000

P E

Orthopaedics - Knee Joint and Surrounding Structures (except knee replacement)

29881 Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving)

090

n/a

G E

Major Procedure - Expior/Decompr/Excis Disc

63030 Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, lumbar

090

3

G E

Physical Therapy

97110 Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

XXX

P E

Office Visits - New Patient

99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of c

XXX

M E

Office Visits - Established Patient

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making

XXX

M E

Consultation - Office

99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age

XXX

M E

CPEP C 4 - OB/GYN

Service Family

Reference Service

Global Post-Proc. Office E&M Equiv. Svcs.

Worksheet Packages to Complete

Simple Urethral Procedures

53265 Excision or fulguration: urethral caruncle 010 n/a

G	E
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Simple Laparoscopic Procedures

56300 Laparoscopy, diagnostic (separate procedure) 010 1

G	E
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Complex Laparoscopic Procedures

56308 Laparoscopy, surgical: with vaginal hysterectomy with or without removal of tube(s), with or without removal of ovary(s) (laparoscopic assisted vaginal hysterectomy) 010 n/a

G	E
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Hysteroscopy

56351 Hysteroscopy, surgical: with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C 000

P	E
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Intrauterine Insertion and Removal

57160 Insertion of pessary 000

P	E
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Hysterectomy - Urology

57240 Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele 090 n/a

G	E
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Complex Female Reproductive Procedures

57260 Combined anteroposterior colporrhaphy: 090 n/a

G	E
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Colposcopy

57454 Colposcopy (vaginocopy); with biopsy(s) of the cervix and/or endocervical curettage 000

P	E
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Simple Female Reproductive Procedures

57500 Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure) 000

P	E
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Miscellaneous Female Reproductive

58100 Endometrial and/or endocervical sampling (biopsy), without cervical dilation, any method (separate procedure) 000

P	E
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Dilation and Curettage

58120 Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical) 010 1

G	E
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Hysterectomy

58150 Total abdominal hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s); 090 2

G	E
---	---

Major Procedure - Female Reproductive

58720 Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure) 090 n/a

G	E
---	---

Hysterectomy - Oncology

58951 Resection of ovarian malignancy with bilateral salpingo-oophorectomy and omentectomy; with total abdominal hysterectomy, pelvic and limited para-aortic lymphadenectomy 090 n/a

G	E
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Artificial Fertilization

58970 Follicle puncture for oocyte retrieval, any method 000

P	E
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Pregnancy Related Tests

59025 Fetal non-stress test 000

P	E
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CPEP C 4 - OB/GYN

Service Family

Reference Service

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Worksheet Packages to Complete

Pregnancy Hospital Procedures

59300	Episiotomy or vaginal repair, by other than attending physician	000		P E
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Delivery Services and Postpartum Care

59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	MMM		G
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Spontaneous and Therapeutic Abortion

59812	Treatment of incomplete abortion, any trimester, completed surgically	090	n/a	G E
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Obstetrical Ultrasound

76805	Echography, pregnant uterus, B-scan and/or real time with image documentation; complete (complete fetal and maternal evaluation)	XXX		P E
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Office Visits - New Patient

99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of c	XXX		M E
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Office Visits - Established Patient

99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	XXX		M E
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CPEP C 5 - Ophthalmology

Service Family

Reference Service

Global

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Svcs.

Worksheet Packages to Complete

Minor Ophthalmological Injection, Scraping and Tests

65222 Removal of foreign body, external eye: corneal, with slit lamp

000

P E

Simple Anterior Segment Eye Procedures

65420 Excision or transposition of pterygium; without graft

090

n/a

G E

Complex Anterior Segment Eye Procedures

65755 Keratoplasty (corneal transplant); penetrating (in pseudophakia)

090

n/a

G E

Moderate Anterior Segment Eye Procedures

66170 Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery

090

9

G E

Laser Eye Procedures

66821 Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (one or more stages)

090

2

G E

Cataract Procedures

66984 Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)

090

4

G E

Vitreotomy

67010 Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy

090

n/a

G E

Complex Posterior Segment Eye Procedures

67108 Repair of retinal detachment, one or more sessions; with vitrectomy, any method, with or without air or gas tamponade, with or without focal endolaser photocoagulation, may include procedures 67101-67107 and/or removal of lens by same technique

090

n/a

G E

Simple Posterior Segment Eye Procedures

67141 Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, one or more sessions; cryotherapy, diathermy

090

n/a

G E

Strabismus, Eye and Muscle Procedures

67314 Strabismus surgery, recession or resection procedure (patient not previously operated on); one vertical muscle (excluding superior oblique)

090

n/a

G E

Simple Repair and Plastic Procedures of Eye

67840 Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure

010

n/a

G E

Complex Repair and Plastic Procedures of Eye

67904 Repair of blepharoptosis; (tarso)levator resection or advancement, external approach

090

3

G E

Minor Ophthalmological Tests and Procedures

76519 Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation

XXX

P E

Ophthalmology Evaluation and Management

92012 Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient

XXX

P E

Fitting of Contact Lenses and Spectacles

92353 Fitting of spectacle prosthesis for aphakia; multifocal

XXX

P E

CPEP C 5 - Ophthalmology

Service Family

Reference Service

Global Post-Proc. Office E&M Equiv. Svcs.

Worksheet Packages to Complete

Provision of Vision Aids

92358	Prosthesis service for aphakia, temporary (disposable or loan, including materials)	XXX	P	E
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Office Visits - New Patient

99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of c	XXX	M	E
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Office Visits - Established Patient

99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	XXX	M	E
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Consultation - Office

99243	Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age	XXX	M	E
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CPEP C 6 - Radiology

Service Family

Reference Service

Global Post-Proc
Office E&M
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Worksheet Packages to Complete

Angioplasty and Transcatheter Procedures, other than Coronary

35474 Transluminal balloon angioplasty, percutaneous; femoral-popliteal 000

Vascular Radiology except for Venography of Extremity

36200 Introduction of catheter, aorta XXX

75625 Aortography, abdominal, by serialography, radiological supervision and interpretation XXX

Superficial Needle Biopsy and Aspiration

47000 Biopsy of liver, needle; percutaneous 000

Myelography and Diskography

62284 Injection procedure for myelography and/or computerized axial tomography, spinal (other than C1-C2 and posterior fossa) 000

72265 Myelography, lumbosacral, radiological supervision and interpretation XXX

Computerized Axial Tomography

70470 Computerized axial tomography, head or brain; without contrast material, followed by contrast material(s) and further sections XXX

Plain Film

71020 Radiologic examination, chest, two views, frontal and lateral; XXX

Magnetic Resonance Imaging

72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material XXX

Digestive Radiology

74280 Radiologic examination, colon; air contrast with specific high density barium, with or without glucagon XXX

Miscellaneous Radiological Procedures with Contrast

74400 Urography (pyelography), intravenous, with or without KUB, with or without tomography; XXX

Mammography

76091 Mammography; bilateral XXX

Diagnostic Ultrasound except Obstetrical

76700 Echography, abdominal, B-scan and/or real time with image documentation; complete XXX

Obstetrical Ultrasound

76805 Echography, pregnant uterus, B-scan and/or real time with image documentation; complete (complete fetal and maternal evaluation) XXX

Therapeutic Radiation Treatment Preparation

77290 Therapeutic radiology simulation-aided field setting; complex XXX

Radiation Therapy and Hyperthermia

77413 Radiation treatment delivery, three or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, special particle beam (eg, electron or neutrons); 6-10 MeV XXX

77430 Weekly radiation therapy management; complex XXX

Simple Diagnostic Nuclear Medicine

78215 Liver and spleen imaging; static only XXX

CPEP C 6 - Radiology

Service Family

Reference Service

Global Post-Proc.
Office E&M
Equiv.
Svcs.

Worksheet Packages to Complete

Intermediate Diagnostic Nuclear Medicine

78306 Bone and/or joint imaging; whole body

XXX

P E

Nuclear Cardiology

78465 Myocardial perfusion imaging; tomographic (SPECT), multiple studies, at rest and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, qualitative or quantitative

XXX

P E

Complex Diagnostic Nuclear Medicine

78596 Pulmonary quantitative differential function (ventilation/perfusion) study

XXX

P E

Therapeutic Nuclear Medicine

79000 Radiopharmaceutical therapy, hyperthyroidism; initial, including evaluation of patient

XXX

P E

CPEP C 7 - Evaluation and Management

Service Family

Reference Service

Global Post-Proc. Office E&M Equiv. Svcs.

Worksheet Packages to Complete

Cast and Strapping

29405 Application of short leg cast (below knee to toes); 000 P E

Simple Immunology Tests

86580 Skin test: tuberculosis, intradermal XXX P E

Neuropsychological Testing

90830 Psychological testing (includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, eg, WAIS-R, Rorschach, MMPI) with interpretation and report, per hour XXX P E

Specialist - Psychiatry

90844 Individual medical psychotherapy by a physician, with continuing medical diagnostic evaluation, and drug management when indicated, including insight oriented, behavior modifying or supportive psychotherapy; approximately 45 to 50 minutes XXX P E

Electroconvulsive Therapy

90870 Electroconvulsive therapy (includes necessary monitoring); single seizure 000 P E

Cardiogram

93000 Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report XXX P E

Respiratory Therapy

94664 Aerosol or vapor inhalations for sputum mobilization, bronchodilation, or sputum induction for diagnostic purposes; initial demonstration and/or evaluation XXX P E

Office Visits - New Patient

99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of c XXX M E

Office Visits - Established Patient

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making XXX M E

Hospital Visit - Initial

99222 Initial hospital care, per day, for the evaluation and management of a patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordin XXX M E

Hospital Visit - Subsequent

99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of XXX M E

Consultation - Office

99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age XXX M E

Consultation - Inpatient

99253 Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provi XXX M E

CPEP C 7 - Evaluation and Management

Service Family

Reference Service

Global Post-Proc. Office E&M
Equiv. Svcs.

Worksheet Packages to Complete

Emergency Room Visit

99283	Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity. Course	XXX	M	E
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Hospital Visit - Critical Care

99291	Critical care, evaluation and management of the critically ill or critically injured patient, requiring the constant attendance of the physician: first hour	XXX	M	E
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Nursing Facility Care, Initial

99302	Evaluation and management of a new or established patient involving a nursing facility assessment which requires these three key components: a detailed interval history; a comprehensive examination; and medical decision making of moderate to high complex	XXX	M	E
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Nursing Facility Care, Subsequent

99312	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination;	XXX	M	E
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Home Visit, New Patient

99342	Home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity. Counseling and/or	XXX	M	E
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Home Visit, Established Patient

99352	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate c	XXX	M	E
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CPEP C 8 - General Surgery

Service Family

Reference Service

Global Post-Proc. Office E&M
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Worksheet Packages to Complete

Simple Incision and Excision of Breast

19120 Excision of cyst, fibroadenoma, or other benign or malignant tumor aberrant breast tissue, duct lesion or nipple lesion (except 19140), male or female, one or more lesions

090

2

G E

Breast Procedures

19240 Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle

090

n/a

G E

Needle and Catheter Biopsy, Aspiration, Lavage and Intubation

32020 Tube thoracostomy with or without water seal (eg, for abscess, hemothorax, empyema) (separate procedure)

000

P E

Major Procedure - Respiratory

32480 Removal of lung, other than total pneumonectomy; single lobe (lobectomy)

090

2

G E

Transplants

33945 Heart transplant, with or without recipient cardiectomy

090

3

G E

Major Vascular Procedures

35301 Thromboendarterectomy, with or without patch graft; carotid, vertebral, subclavian, by neck incision

090

2

G E

35585 In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery

090

n/a

G E

Minor Vascular Repair and Fistula Construction

36830 Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft

090

n/a

G E

Deep Lymph Structure Procedures

38745 Axillary lymphadenectomy; complete

090

n/a

G E

Spleen and Lymph Nodes

38770 Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure)

090

n/a

G E

Diaphragm

39530 Repair, diaphragmatic hernia (esophageal hiatal); combined, thoracoabdominal

090

n/a

G E

Esophagus

43324 Esophagogastric fundoplasty (eg, Nissen, Belsey IV, Hill procedures)

090

n/a

G E

Gastric Procedures

43610 Excision, local; ulcer or benign tumor of stomach

090

3

G E

Tube Change

43760 Change of gastrostomy tube

000

P E

Small Intestinal Procedures

44120 Enterectomy, resection of small intestine; single resection and anastomosis

090

n/a

G E

Colectomy

44140 Colectomy, partial; with anastomosis

090

3

G E

Colectomy, Complex

44143 Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)

090

4

G E

CPEP C 8 - General Surgery

Service Family

Reference Service

Global Post-Proc.
Office E&M
Equiv.
Svc.

Worksheet Packages to Complete

Appendectomy and Miscellaneous Abdominal Procedures

44950	Appendectomy;	090	2	G E
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Proctectomy and Rectal Repairs

45110	Proctectomy; complete, combined abdominoperineal, with colostomy	090	n/a	G E
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Lower Gastrointestinal Endoscopy

45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	000		P E
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Simple Anal and Rectal Procedures

46221	Hemorrhoidectomy, by simple ligature (eg, rubber band)	010	n/a	G E
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Complex Anal and Rectal Procedures

46260	Hemorrhoidectomy, internal and external, complex or extensive;	090	3	G E
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Superficial Needle Biopsy and Aspiration

47000	Biopsy of liver, needle; percutaneous	000		P E
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Cholecystectomy

47610	Cholecystectomy with exploration of common duct;	090	n/a	G E
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Hepatic and Bile Duct Procedures Except Cholecystectomy

47780	Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract	090	n/a	G E
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Pancreatic Procedures

48140	Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy	090	n/a	G E
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Hepatectomy and Pancreatectomy

48150	Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreaticojejunostomy	090	5	G E
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Hernia Procedures

49505	Repair initial inguinal hernia, age 5 years or over; reducible	090	1	G E
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Testicular and Epididymal Procedures

54520	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach	090	n/a	G E
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Simple Laparoscopic Procedures

56300	Laparoscopy, diagnostic (separate procedure)	010	1	G E
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General Complex Laparoscopic

56341	Laparoscopy, surgical; cholecystectomy with cholangiography	090	n/a	G E
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Major Procedure - Endocrine

60240	Thyroidectomy, total or complete	090	2	G E
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Office Visits - New Patient

99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of c	XXX		M E
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CPEP C 8 - General Surgery

Service Family

Reference Service

Global Post-Proc.
Office E&M
Equiv.
Svcs.

Worksheet Packages to Complete

Office Visits - Established Patient

99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	XXX	M E
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Hospital Visit - Subsequent

99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of	XXX	M E
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Consultation - Office

99243	Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age	XXX	M E
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Consultation - Inpatient

99253	Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provi	XXX	M E
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CPEP C 9 - Otolaryngology

Service Family**Reference Service**

Global

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Worksheet Packages to Complete

Complex Facial Procedures (exc. nose and sinus)

21015 Radical resection of tumor (eg, malignant neoplasm), soft tissue of face or scalp 090

n/a

G E

Simple Facial Procedures (exc. nose and sinus)

21320 Closed treatment of nasal bone fracture; with stabilization 010

n/a

G E

Simple Nose and Sinus Procedures

30200 Injection into turbinate(s), therapeutic 000

P E

Complex Nose and Sinus Procedures

30520 Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft 090

n/a

G E

Laryngeal and Tracheal Procedures

31360 Laryngectomy; total, without radical neck dissection 090

4

G E

Endoscopy of Upper Airway

31575 Laryngoscopy, flexible fiberoptic; diagnostic 000

P E

Other ENT Procedures

38500 Biopsy or excision of lymph node(s); superficial (separate procedure) 010

n/a

G E

Deep Lymph Structure Procedures

38745 Axillary lymphadenectomy; complete 090

n/a

G E

Simple Oral and Pharyngeal Procedures

40520 Excision of lip; V-excision with primary direct linear closure 090

n/a

G E

Complex Oral and Pharyngeal Procedures

40525 Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan) 090

n/a

G E

Salivary Gland and Duct Procedures

42415 Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve 090

n/a

G E

Major Procedure - Endocrine

60240 Thyroidectomy, total or complete 090

2

G E

Complex Repair and Plastic Procedures of Eye

67904 Repair of blepharoptosis; (tarso)levator resection or advancement, external approach 090

3

G E

Simple Ear Procedures

69433 Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia 010

n/a

G E

Complex Ear Procedures

69641 Tympanoplasty with mastoidectomy (including canaoplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction 090

n/a

G E

Cochlear Device Implantation

69930 Cochlear device implantation, with or without mastoidectomy 090

3

G E

Speech Therapy

92507 Speech, language or hearing therapy, with continuing medical supervision; individual 000

P E

CPEP C 9 - Otolaryngology

Service Family

Reference Service

Global Post-Proc. Office E&M Equiv. Svcs.

Worksheet Packages to Complete

Otorhinolaryngologic Function Tests

92542 Positional nystagmus test, minimum of 4 positions, with recording XXX P E

Simple Audiometry

92557 Basic comprehensive audiometry (92553 and 92556 combined), (pure tone, air and bone, and speech, threshold and discrimination) XXX P E

Office Visits - New Patient

99203 Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of c XXX M E

Office Visits - Established Patient

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making XXX M E

Consultation - Office

99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age XXX M E

CPEP C10 - Miscellaneous Internal Medicine and Other Services

Service Family**Reference Service****Global****Post-Proc.
Office E&M
Equiv.
Svcs.****Worksheet Packages to Complete****Endoscopy of the Lower Airway**

31622 Bronchoscopy; diagnostic. (flexible or rigid), with or without cell washing or brushing

000

P E

Needle and Catheter Biopsy, Aspiration, Lavage and Intubation

32020 Tube thoracostomy with or without water seal (eg, for abscess, hemothorax, empyema) (separate procedure)

000

P E

Introduction of Needle and Catheter

36000 Introduction of needle or intracatheter, vein

XXX

P E

Blood and Transfusion

36430 Transfusion, blood or blood components

XXX

P E

Spinal Tap

62270 Spinal puncture, lumbar, diagnostic

000

P E

Bone Marrow Procedures

85095 Bone marrow; aspiration only

XXX

P E

Infusion Therapy except Chemotherapy

90780 IV infusion for therapy/diagnosis, administered by physician or under direct supervision of physician; up to one hour

XXX

P E

Hemodialysis and Peritoneal Dialysis

90921 End stage renal disease (ESRD) related services per full month; for patients twenty years of age and over

XXX

P E

Exercise Tolerance Tests

93015 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report

XXX

P E

Pulmonary Services

94010 Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), and/or maximal voluntary ventilation

XXX

P E

Ventilator Management

94656 Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; first day

XXX

P E

Respiratory Therapy

94664 Aerosol or vapor inhalations for sputum mobilization, bronchodilation, or sputum induction for diagnostic purposes; initial demonstration and/or evaluation

XXX

P E

Allergy Tests

95024 Intracutaneous (intra-dermal) tests with allergenic extracts, immediate type reaction, specify number of tests

XXX

P E

Immunotherapy

95115 Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection

XXX

P E

Allergy Immunotherapy

95165 Professional services for the supervision and provision of antigens for allergen immunotherapy; single or multiple antigens, multiple dose vial(s), (specify number of doses)

XXX

P E

Electroencephalogram

95819 Electroencephalogram (EEG) including recording awake and asleep, with hyperventilation and/or photic stimulation

XXX

P E

CPEP C10 - Miscellaneous Internal Medicine and Other Services

Service Family

Reference Service

Global Post-Proc.
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Worksheet Packages to Complete

Nerve and Muscle Tests

95900 Nerve conduction, velocity and/or latency study; motor, each nerve

XXX

P E

Extended EEG Studies

95951 Monitoring for identification and lateralization of cerebral seizure focus by attached electrodes; combined electroencephalographic (EEG) and video recording and interpretation, each 24 hours

XXX

P E

Chemotherapy

96410 Chemotherapy administration, intravenous; infusion technique, up to one hour

XXX

P E

Office Visits - Established Patient

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making

XXX

M E

Hospital Visit - Subsequent

99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of

XXX

M E

Consultation - Inpatient

99253 Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provi

XXX

M E

CPEP C11 - Gastroenterology

Service Family

Reference Service

Global Post-Proc. Office E&M Equiv. Svcs.

Worksheet Packages to Complete

Diagnostic Upper GI Endoscopy or Intubation

43239 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple 000

P E

Therapeutic Upper GI Endoscopy or Intubation

43246 Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed placement of percutaneous gastrostomy tube 000

P E

ERCP and Miscellaneous GI Endoscopy Procedures

43260 Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) 000

P E

Esophageal Dilatation without Endoscopy

43450 Dilatation of esophagus, by unguided sound or bougie, single or multiple passes 000

P E

Proctosigmoidoscopy and Sigmoidoscopy

45330 Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) 000

P E

Lower Gastrointestinal Endoscopy

45378 Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure) 000

P E

Anoscopy

46600 Anoscopy; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) 000

P E

Alimentary Tests and Simple Tube Placement

91010 Esophageal motility study; 000

P E

Office Visits - Established Patient

99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making XXX

M E

Hospital Visit - Subsequent

99232 Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of XXX

M E

Consultation - Office

99243 Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age XXX

M E

Consultation - Inpatient

99253 Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provi XXX

M E

CPEP C12 - Cardiothoracic and Vascular

Service Family

Reference Service	Global	Post-Proc. Office E&M Equiv. Svcs.	Worksheet Packages to Complete
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Endoscopy of the Lower Airway

31622	Bronchoscopy; diagnostic. (flexible or rigid), with or without cell washing or brushing	000		P	E
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Major Procedure - Respiratory

32480	Removal of lung, other than total pneumonectomy; single lobe (lobectomy)	090	2	G	E
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Thoracoscopy

32602	Thoracoscopy, diagnostic (separate procedure); lungs and pleural space, with biopsy	000		P	E
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Pacemaker Insertion

33208	Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	090	n/a	G	E
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Heart and Great Vessels

33405	Replacement, aortic valve, with cardiopulmonary bypass; with prosthetic valve other than homograft	090	n/a	G	E
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CABG

33533	Coronary artery bypass, using arterial graft(s); single arterial graft	090	n/a	G	E
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Pediatric Cardiovascular Procedures

33692	Complete repair tetralogy of Fallot without pulmonary atresia;	090	2	G	E
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Major Vascular Procedures

35301	Thromboendarterectomy, with or without patch graft; carotid, vertebral, subclavian, by neck incision	090	2	G	E
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35585	In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery	090	n/a	G	E
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Removal and Revision of Vascular Devices

36535	Removal of implantable venous access port and/or subcutaneous reservoir	010	n/a	G	E
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Minor Vascular Repair and Fistula Construction

36830	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft	090	n/a	G	E
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Vascular Ligation

37720	Ligation and division and complete stripping of long or short saphenous veins	090	n/a	G	E
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Diaphragm

39530	Repair, diaphragmatic hernia (esophageal hiatal); combined, thoracoabdominal	090	n/a	G	E
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Esophagus

43324	Esophagogastric fundoplasty (eg, Nissen, Belsey IV, Hill procedures)	090	n/a	G	E
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Office Visits - Established Patient

99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	XXX		M	E
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Consultation - Office

99243	Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age	XXX		M	E
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CPEP C12 - Cardiothoracic and Vascular

Service Family

Reference Service

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Worksheet Packages to Complete

Consultation - Inpatient

99253 Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provi XXX

M E

CPEP C13 - Cardiology

Service Family**Reference Service**

Global

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Svcs.**

Worksheet Packages to Complete**Resuscitation and Cardioversion**

31500 Intubation, endotracheal, emergency procedure

000

P E

Pacemaker Insertion

33208 Insertion or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular

090

n/a

G E

Angioplasty and Transcatheter Procedures, other than Coronary

35474 Transluminal balloon angioplasty, percutaneous; femoral-popliteal

000

P E

Placement of Transvenous Catheters

36489 Placement of central venous catheter (subclavian, jugular, or other vein) (eg, for central venous pressure, hyperalimentation, hemodialysis, or chemotherapy); percutaneous, over age 2

000

P E

Nuclear Cardiology

78465 Myocardial perfusion imaging; tomographic (SPECT), multiple studies, at rest and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, qualitative or quantitative

XXX

P E

Coronary Angioplasty

92982 Percutaneous transluminal coronary balloon angioplasty; single vessel

000

P E

Cardiogram

93000 Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report

XXX

P E

Exercise Tolerance Tests

93015 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report

XXX

P E

Phonocardiogram

93201 Phonocardiogram with or without ECG lead; with supervision during recording with interpretation and report (when equipment is supplied by the physician)

XXX

P E

Minor Cardiac and Vascular Tests

93230 Electrocardiographic monitoring for 24 hours by continuous original ECG waveform recording and storage without superimposition scanning utilizing a device capable of producing a full miniaturized printout; includes recording, microprocessor-based analysis

XXX

P E

Echocardiography

93307 Echocardiography, real-time with image documentation (2D) with or without M-mode recording; complete

XXX

P E

Diagnostic Cardiac Catheterization

93510 Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; percutaneous

000

P E

Cardiac Electrophysiologic Tests

93620 Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters; with induction of arrhythmia (This cod

000

P E

Pacemaker Analysis

93736 Electronic analysis of single chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker), telephonic analysis

XXX

P E

CPEP C13 - Cardiology

Service Family

Reference Service

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Worksheet Packages to Complete

Cardiac Rehabilitation

93798	Physician services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session)	000	P E
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Office Visits - Established Patient

99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	XXX	M E
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Hospital Visit - Subsequent

99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of	XXX	M E
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Consultation - Office

99243	Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age	XXX	M E
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Consultation - Inpatient

99253	Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provi	XXX	M E
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CPEP C14 - Anesthesiology/Pathology

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Worksheet Packages to Complete

Anesthesia

- 00562 Anesthesia for procedures on heart, pericardium, and great vessels of chest; with pump oxygenator
- 01210 Anesthesia for open procedures involving hip joint; not otherwise specified

P E

P E

Other Anesthesia Services

- 62278 Injection of anesthetic substance (including narcotics), diagnostic or therapeutic; epidural, lumbar or caudal, single 000

P E

Pathology

- 85060 Blood smear, peripheral, interpretation by physician with written report XXX

PA E

Simple Immunology Tests

- 86580 Skin test; tuberculosis, intradermal XXX

P E

Cytopathology

- 88108 Cytopathology, fluids, washings or brushings, except cervical or vaginal; concentration technique, smears and interpretation (eg, Saccomanno technique) XXX

PA E

Pap Smears

- 88151 Cytopathology, smears, cervical or vaginal, up to three smears; requiring interpretation by physician XXX

PA E

Surgical Pathology

- 88305 LEVEL IV - Surgical pathology, gross and microscopic examination Abortion - Spontaneous/Missed Artery, Biopsy Bone Marrow, Biopsy Bone Exostosis Brain/Meninges, Other than for Tumor Resection Breast, Biopsy Breast, Reduction Mammoplasty Bronchus, Biopsy C XXX

PA E

Complex Pathology

- 88307 LEVEL V - Surgical pathology, gross and microscopic examination Adrenal, Resection Bone - Biopsy/Curetings Bone Fragment(s), Pathologic Fracture Brain, Biopsy Brain/Meninges, Tumor Resection Breast, Mastectomy - Partial/Simple Cervix, Conization Colon, S XXX

PA E

Special Stains

- 88342 Immunocytochemistry (including tissue immunoperoxidase), each antibody XXX

PA E

Hospital Visit - Critical Care

- 99291 Critical care, evaluation and management of the critically ill or critically injured patient, requiring the constant attendance of the physician; first hour XXX

M E

CPEP C15 - Neurosurgery

Service Family

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Worksheet Packages to Complete

Orthopaedics - Spine

22842	Posterior instrumentation; segmental fixation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires)	000		P	E
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Nervous System Injections, Stimulations or Cranial Tap

61055	Cisternal or lateral cervical (C1-C2) puncture; with injection of drug or other substance for diagnosis or treatment (eg, C1-C2)	000		P	E
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Major Procedure - Twist Drill, Burr Hole, Trephine

61154	Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural	090	n/a	G	E
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Major Procedure - Craniectomy or Craniotomy

61312	Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural	090	4	G	E
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Major Procedure - Intracranial Surgery and Skull Procedures

61700	Surgery of intracranial aneurysm, intracranial approach; carotid circulation	090	4	G	E
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Neurostimulator and Ventricular Shunt Implantation

62223	Creation of shunt; ventriculo-peritoneal, -pleural, other terminus	090	3	G	E
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Major Procedure - Expior/Decompr/Excis Disc

63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disk; one interspace, lumbar	090	3	G	E
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Major Procedure - Spine and Spinal Cord

63276	Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic	090	n/a	G	E
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Revision and Removal of Neurological Device

63685	Incision and subcutaneous placement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	090	n/a	G	E
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Nerve Repair and Destruction

64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	090	3	G	E
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Major Procedure - Other Nerve

64818	Sympathectomy, lumbar	090	n/a	G	E
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Office Visits - Established Patient

99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making	XXX		M	E
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Consultation - Office

99243	Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or age	XXX		M	E
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Consultation - Inpatient

99253	Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other provi	XXX		M	E
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